

8 November 2003

**Get the balance
right, urges
NPA campaign**

**Treasury says
no to script
levy abolition**

**PPRS needs
investment,
says industry**

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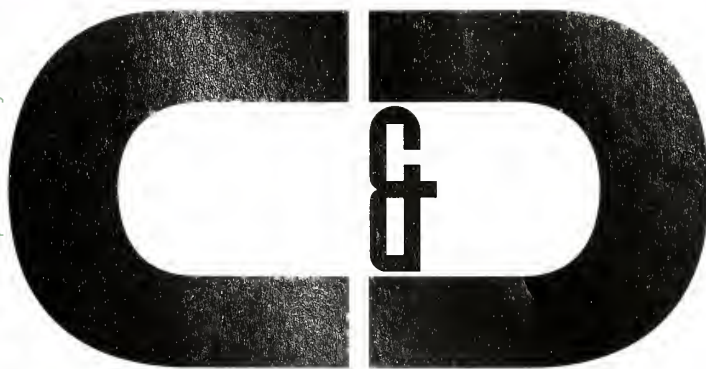
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NPA starts campaign to get 'balance' right

The NPA is urging pharmacists to alert politicians, PCTs and local authorities to the potential pitfalls in the Government's 'balanced package of measures' for pharmacy service provision.

NPA members are being mailed this week with a pack encouraging them to lobby for greater clarity on what the Government is proposing in its balanced package of measures. These were set out by trade & industry secretary Patricia Hewitt on July 17 in response to the OFT's proposals to deregulate the pharmacy sector (*C&D July 26, p4*). PSNC is also highlighting the need for contractors to respond to the consultation in its November newsletter.

Although the consultation period on the Government's proposals closes on November 21, it is hoped that renewed MPs' interest and concerns raised by PCTs will prompt the Government's advisory board to ensure the final recommendations are workable.

The NPA's campaign, 'Getting the balance right', targets the four exemption categories for control of entry regulations, as well as the new test of 'competitiveness and choice'. The NPA is also concerned that the OFT will review the market again in 2006, creating uncertainty in the meantime.

"The balanced package of measures is a massive political

fudge," said John D'Arcy, NPA chief executive. Referring to the intention to review services in 2006, he added: "It is a step on the way to deregulation; it is phased deregulation."

"What we have to do is ensure that a fair balance is achieved in future with all of the other issues – the new contract, generics and the *Vision* [document]."

He would like PCTs to carry out a pharmaceutical needs assessment to determine whether there is a gap in pharmaceutical services. If so, existing pharmacy contractors should be asked if they are able or willing to fulfil the need, and, if not, only then should new contractor applications be considered.

Areas to be addressed include:

- carefully defining what a one-stop primary care centre is
- testing the validity of the 15,000sq m size of retail centres which would be exempt
- ensuring that pharmacies exempt from the regulations by opening 100 hours are policed to ensure full pharmaceutical services are maintained
- ensuring that mail order services cannot operate as local pharmacies too
- ensuring the 2006 review is 360 degrees and looks at adverse effects of the package of measures and not just whether the number of pharmacists means full deregulation can go ahead.

Charter consultation process 'flawed'

The Royal Pharmaceutical Society's consultation process for its new Charter does not meet Government standards, claim pharmacists opposed to the Society's modernisation agenda.

The RPSGB's five-week consultation period on the Charter falls short of the 12-week period recommended by the Government's Better Regulation Task Force, the Save our Society group told RPSGB president Gill Hawksworth in a letter this week.

"Given that the Society has only given the profession five weeks to comment upon the draft Charter, and because much of the

Charter draft refers to an as yet unpublished Section 60 order, we find the process and the time frame entirely unacceptable.

"There is no doubt that, currently, the Society's programme for consultation on this draft Charter is, in a number of important respects, wholly at odds with the principles of regulation as defined by Government. As such it makes any recommendations that the Society may subsequently make to Government vulnerable to challenge," said the SOS group.

In response, RPSGB secretary and registrar Ann Lewis said: "As

well as seeking views through the discussion document and feedback form, we ran 11 regional roadshows and provided extra resources to enable over 30 local meetings involving 50 branches to be held. We also ran sessions at the AGM and at the BRM.

"The Council has considered the feedback to that consultation very carefully and has now given members and others an additional opportunity to provide any further comments to help inform the Council's final decisions. We recognise that this further period of consultation is brief and have explained why this is: so that the

Government knows the Society's views on the Charter before it produces its draft legislation.

"In fact, the guidance cited by [the SOS] acknowledges that, where reconsultation takes place on the basis of changes made in the light of earlier consultation, shorter period may be necessary. In this case, the Council agreed that this was appropriate."

● An RPSGB Council member has lodged a complaint with the president over the Society's handling of an allegation made by Mark Koziol that a Council statement was altered prior to publication (*C&D, Sept 27, p4*).

Second key figure resigns from Scottish Executive

Findlay Hickey has resigned as the deputy secretary of the Royal Pharmaceutical Society's Scottish Executive less than three weeks after Dr Sheila Stevens quit as secretary (*C&D, October 11, p4*).

An RPSGB spokesman confirmed Mr Hickey resigned last month and added that the Society's practice head, Nigel Graham, who is currently acting

secretary to the Scottish Executive, would be running the office.

In a move that appeared to play down the situation, the RPSGB spokesman said no official announcement would be made as this was reserved for departures at divisional head level. In addition, the spokesman said that, despite common perception, Mr Hickey's

position had not been deputy secretary but project development officer.

Scottish Executive chairman David Thomson said: "It's a personal decision and I couldn't comment as I wasn't party to the process because it was discussed between his line manager who at that point was [RPSGB secretary and registrar]

Ann Lewis and himself."

He added that the RPSGB had agreed to review the role and function of the Scottish Executive. He suggested it would look at areas like the Executive's ability to lobby effectively with Parliament, the impact of devolution and the new Charter.

Mr Hickey was unable to comment.



DoH backs out-of-hours with £28m

Health minister John Hutton has announced an extra £28 million to help local areas develop high quality out-of-hours services.

The money will be made available over the next two years to help local areas deliver services from December 2004 when GPs will be able to opt out of providing out-of-hours services.

The money will be used to support areas such as remote rural or deprived inner city communities, which face the biggest challenge in delivering out-of-hours services and which might need more help than others.

The Department of Health will be working with strategic health authorities on how best to distribute the resources. Mr Hutton said: "We intend to continue ring-fencing the money from the out-of-hours fund to make sure patients get the maximum benefits from these resources."

Government rejects advice to overhaul script tax

Chancellor Gordon Brown has shelved a recommendation by his NHS adviser Derek Wanless to reform prescription charges.

The Treasury confirmed that there are no plans to change prescription charges in spite of the anomalies highlighted by Mr Wanless, the former NatWest bank chief, in his report to the Chancellor last year.

Downing Street advisers and the Department of Health feared that radical changes to prescription charge exemptions could produce damaging headlines ahead of the next general election.

The Treasury said: "The extensive exemption and charge remission arrangements are intended to ensure that no one need be deterred from obtaining any necessary medication on financial grounds. There are no plans to change these arrangements."

Ministers have long considered the prescription exemptions to be



a suitable case for reform, leaving many needy cases, including sufferers of some chronic illnesses and some cancer patients, having to pay the full charge for their drugs while others, such as the unemployed, get free prescriptions.

Former health secretary Alan Milburn had warned colleagues that changes would produce too many losers and made it clear he would not risk any change while he was in charge at the DoH.

The Chancellor has said that radical reform would not make

sense at the present time. In his report, Mr Wanless said the present structure of prescription charges should be reviewed. He reported that 85 per cent of prescriptions are free to patients, but he did not make any recommendations as to how the system should be reformed.

This is not the only recommendation to be quietly dropped. He also said the Government should consider whether patients should be charged when they miss appointments as a way of ensuring "greater public appreciation of the cost of common treatments and appointments could best be achieved".

That too was seen by Downing Street as a step too far, which would only encourage misleading reports that the Government might consider introducing new charges for the NHS.

MP says no need to fear 'free for all'

The Government will not completely abolish pharmacy control of entry regulations, according to the chairman of the All-Party Pharmacy Group.

"I think pharmacists have not got as much to fear as they thought when the OFT report came out," said Dr Howard Stoate.

"Inevitably, there will be a compromise in the matter of increased services to patients and the balance with confidence in the viability of pharmacists in the high street."

But the Government has already made it clear that it does not accept the competition 'free for all' in the high street proposed by the OFT, he said.

"The Government wants to see an expansion of local pharmacy services and it is quite clear about wanting to protect the viability of businesses in the high street. I don't think there are any circumstances in which ministers will allow a free for all as proposed by the OFT."

Ask the president

RPSGB president Gill Hawkmorth answers questions on the Society's modernisation process.

Why the rush to consult on the revised draft Charter?

The Council recognises that this second consultation on the new Charter is brief, but we need to let the Government see our proposals for the Charter before it produces its draft legislation. This means the Council needs to take final decisions on the Charter in December. We have asked for comments by November 14, to help inform those decisions.

Legislation takes precedence over the Charter. If we waited until the draft legislation had been published, the Government might not be willing to alter it to fit in with what we wanted to see in the Charter. We could then be restricted to producing a Charter to fit with the legislation as drafted. By ensuring that the Government knows our views on the Charter before it consults on its legislation, we aim to ensure that, between them, they form a robust framework that will secure the broad, integrated remit of the Society for the future.

Why has a referendum been denied despite the unanimous SGM vote in favour?

The Council considered very carefully how best to obtain the views of the membership on the Charter. While recognising the sentiments behind the SGM's call for a referendum, the Council concluded that this would be an inadequate method of eliciting views as there is not a simple 'yes' or 'no' question to pose. Someone who was unsure about one article in the Charter might find him or herself voting 'no' to the entire draft. This would give no indication of that person's concerns and would provide little feedback to help inform the Council's decisions. The Council does not want to restrict the consultation to any single question.

I would encourage pharmacists to send in their views on any aspect of the revised draft Charter to help inform our final decisions in December.

Send your Charter queries to the president via C&D at chemdrug@cmpinformaton.com

Users back free EHC scheme

by **Fiona Salvage**
fsalvage@cmpinformaton.com

A free emergency hormonal contraception scheme has been well received by women, according to a Nottingham University evaluation.

Customers praised the scheme, saying pharmacists provided more information than clinics or their GP, and that confidentiality and a non-judgemental attitude were important advantages. Although some were concerned about the possibility of younger women using the service instead of regular contraception, this was balanced by the availability of free EHC to women from low-income backgrounds.

Pharmacists also welcomed the patient group direction scheme, which professionalised and

enhanced their role, said Dr Claire Anderson, director of the Centre of Pharmacy, Health and Society at Nottingham University.

Many pharmacists felt the scheme could pave the way for other PGDs in the future and ultimately pharmacist prescribing.

The scheme involved 55 pharmacies in the Manchester, Salford and Trafford Health Action Zone.

Pharmacists underwent an accreditation exercise because the scheme began before EHC became available over the counter.

After successfully completing their training, pharmacists were then able to dispense EHC, free of charge, on completion of a questionnaire with the customer.

Pharmacists, or their employing company, were paid £10 for each consultation.

MEDICINES

RPSGB says no to switch of Nurofen

The Royal Pharmaceutical Society has objected to the proposed reclassification of Nurofen Cold and Flu from P to GSL.

The Society has told the Medicines and Healthcare products Regulatory Agency that pseudoephedrine should remain available for purchase only through pharmacies, as a pharmacist is on hand to ensure the product is suitable and restrictions on maximum dose and daily dose are adhered to. The Society feared that patient safety would be compromised should the proposed switch go ahead.

"While the Society notes that pack sizes are to be restricted, there is no control on multiple pack sales from non-pharmacy outlets, which undermines the purpose of the pack size limit," it says.



...pharmacist at Royal & Oakley Pharmacy, Bolton, and Elaine Smith, of Trefleth Pharmacy in Hereford, are the first technicians to complete the new qualification. Dispensing qualifications include written assessment, selecting 1,000 prescriptions, with a simulated pharmacy, completing a portfolio of evidence, appraisal and an internal assessment. It is based on the national diploma framework for accredited pharmacy technicians. Patients from the left are: Sarah Roberts, the owner and Jane Moore, the pharmacist at Royal & Oakley Pharmacy.

Questiontime

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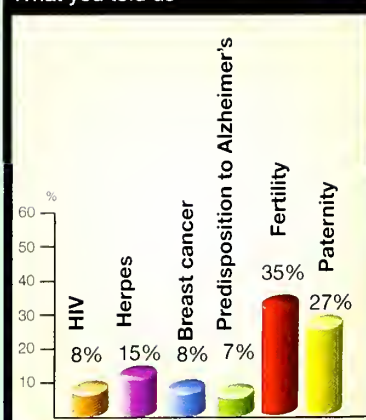
Last week we asked you: Which of the following diagnostic services do you think most suitable to be provided through community pharmacy? You replied (see right):

This week's question: Which of the DTT's proposed exemptions to pharmacy entry controls poses the greatest threat to the community pharmacy network?

- Shopping developments over 15,000sq m
- Pharmacies open 100 hours per week
- Internet and mail order pharmacies
- One-stop primary care centres

You can record your vote on our website: www.dotpharmacy.com. You have until noon on November 11 to cast your vote. We will publish the results in C&D, November 15.

What you told us



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October 2003

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rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:** If symptoms persist for more than 3 days, consult doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen for Children or Nurofen for Children Singles. Nurofen for Children and Nurofen for Children Singles are not suitable for patients who have a stomach ulcer or other stomach disorder. **Side Effects:** Hypersensitivity reactions including (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin

disorders, including rashes of various types, pruritus, urticaria, purpura, angioedema and, more rarely, bullous dermatoses (including epidermal necrolysis, erythema multiforme). Side effects rare, may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Holder:** Crookes Healthcare Limited, NG2 3AA. **Product Licence Number:** PL 00327/0085. **Legal Category:** P. **MRRP:** Pack size 100ml: £3.49. Pack size 150ml: £4.59. **Product Licence Number:** 00327/0140. **Legal Category:** GSL. **MRRP:** Pack size 8 sachets x 5ml: £2.79. Pack size 16 sachets x 5ml: £4.99. **Date of preparation:** August 2003. NFN

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NUROFEN

Call for tobacco regulator

PharmacyHealthLink, along with 10 other charities and health organisations, has written to the Health Secretary calling for the immediate launch of a tobacco regulatory authority.

The organisations argued that the lack of an adequate institutional framework to assess nicotine and tobacco products, monitor their use and protect society from their effects, is contributing to 100,000 deaths from smoking each year.

In a letter to Dr John Reid, the organisations criticised the Government's "lack of consistency" in allowing the most dangerous nicotine product to be the most widely available.



They argued that cigarettes are unregulated whereas "cleaner"

nicotine alternatives, such as nicotine replacement therapy, are highly regulated.

PharmacyHealthLink chairman Professor Sian Griffiths said: "There is a total lack of consistency within the current regulatory framework."

"The lethal cigarette dominates the market while cleaner nicotine alternatives, such as NRT, are highly regulated and tobacco products that are less harmful than cigarettes, such as oral snuff, are banned."

PharmacyHealthLink insisted that the secretary of state cannot accept the status quo if the Government is serious about tackling the burden of illnesses caused by smoking.

AAH finance arm offers pharmacists a LIFT



Alliance offers eczema advice

Pharmacy Alliance, UniChem's provider of healthcare solutions, is piloting an atopic eczema management service in 45 community pharmacies.

Pharmacists will recruit patients presenting prescriptions for atopic eczema medication and ask each to complete a questionnaire before providing them with appropriate advice and support.

Each patient will be invited to return after eight weeks to complete a reassessment before being offered additional support.

UniChem sales and marketing director Martyn Ward said: "This initiative provides a structured framework to support and advise patients with atopic eczema to ensure optimal management of their condition."

"In addition, research reveals that not all patients comply with their treatment for atopic eczema."

"Interventions like our pilot – which are targeted at identifying and addressing any concerns or misconceptions that patients have may therefore help patients to understand and use their medication effectively," added Mr Ward.

The scheme is supported by grant from Novartis pharmaceuticals.

'Whistleblowing' examined

The Shipman Inquiry will examine whistleblowing and disciplinary procedures for NHS healthcare professionals in its fourth stage in January.

Topics to be considered include procedures for healthcare professionals to voice their concerns about a colleague, and whether the NHS or an independent or charity-run body should run any 'whistleblowing helpline'.

The inquiry will also investigate the appraisal scheme for GPs to

retain their licence to practise. It is asking for input into whether the appraisal should be carried out by another healthcare professional, another GP from within or outside the PCT, or by a medically qualified officer from the PCT.

Comments should be sent by December 12 to Henry Palin, Solicitor to the Inquiry, The Shipman Inquiry, Gateway House, Piccadilly South, Manchester M60 7LP.

For more information:

www.the-shipman-inquiry.org.uk

A Government scheme to increase the number of purpose-built 'one-stop' health centres "will spur more pharmacy bids for help", AAH Pharmaceuticals has predicted.

The Government's aim for the local improvement finance trust (LIIFT) initiative is to stimulate investment in primary care with more 'one-stop' health centres housing pharmacists, GPs, dentists and related healthcare services.

But according to Robert Andrews, director of AAH's finance arm Statim Finance: "All pharmacy owners who may be affected will find themselves having to decide whether to join the one-stop centres or remain where they are and develop their existing business further to counter the business which may be lost from the relocated GPs."

He added: "Community pharmacies should embrace change and see the proposals as a stimulus to providing a wider range of services, including health checks, minor ailment treatment and prescribing, and thus build upon their professional status. They must become a front-line ambassador for the NHS."

He said Statim is considering holding roadshows to explain the implications of LIIFT to pharmacists as, by being aware of the situation and taking action, pharmacists will not necessarily lose out.





You nev

Aedes aegypti: one of the species of mosquito known to carry the yellow fever virus. Yellow fever is characterised by fever, muscle pain, headache, shivers, loss of appetite and nausea. Often, high fever is paradoxically associated with a slow pulse. 15% of patients enter a 'toxic phase' within 24 hours. The patient rapidly develops jaundice and complains of abdominal pain with vomiting. Bleeding can occur from the mouth, nose, eyes and/or stomach. Kidney function deteriorates, sometimes resulting in complete kidney failure with anuria. Half of the patients in the toxic phase die within 10-14 days.²

(1) National statistics 2001 edition. (2) World Health Organization www.who.int/en/ Date of Preparation 04/03 2812

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Refer to summary of product characteristics for full product information before prescribing.

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Indication: Prevention of yellow fever in adults and children aged ≥ 9 months.

Dosage and administration: After reconstitution of the freeze dried vaccine with the diluent, a single 0.5 millilitre dose should be given by deep subcutaneous injection. The schedule is the same for both adults and children. Revaccination is recommended every 10 years for patients at risk of infection.

Contraindications: The usual contraindications for live virus vaccines should be current treatment, or treatment within the previous 6 months, for malignant disease, chemotherapy or generalised radiotherapy; previous organ transplant and/or immunosuppressive treatment; bone marrow transplant within the previous 6 months; impaired cell mediated immunity; fever or acute disease; known hypersensitivity to any vaccine, or any of its components; previous anaphylactic reaction to egg; HIV seropositivity which may result in impaired immunological mechanisms. Infants under 9 months should only be immunised if the risk of infection is unavoidable, due to a very severe disease such as encephalitis. Vaccination in pregnancy carries the theoretical risk of foetal infection but should be considered where the benefit outweighs the risk.

Warnings and precautions: Not for intravenous or intradermal (except for total

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Meningococcal Polysaccharide Vaccine BP



Absorbed Diphtheria and Tetanus Vaccine for Adults and Adolescents BP

Facilities for the management of anaphylaxis should always be available during an. A tolerance test is indicated where there is a suspicion, but no evidence of true allergy vaccine component. If other live virus vaccines are required, they should either be given at sites of the same time or with an interval of 3 weeks between them. Immunoglobulin may be a different site, at the same time. Yellow fever vaccine should only be given to elderly and old patients if it is considered that there is a notable risk of yellow fever infection during travel.

Probable effects: Injection site reactions; systemic reactions such as fever, headache, asthenia, rash, urticaria and lymphadenopathy; stiffness with fever, tiredness and may occur 4 to 7 days after vaccination; very rarely, neurological disorders such as encephalitis or meningoencephalitis; anaphylactoid reactions have occurred very rarely. Cases of yellow fever-like illness have been reported, some of which have been fatal.

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Marketing authorisation number: UK - PL6745/0087 (lyophilised vaccine), PL6745/0088 (diluent); Ireland - PA 544/31/1

Legal category: POM

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RA358/0703. Date of last review: June 2003



IVAX restructures for further growth

by **Sasa Janković**

sjankovic@cmpinformation.com

IVAX is restructuring in the UK following its pan-European agreement to acquire 3M's hydrofluoroalkane, beclomethasone and salbutamol branded asthma products in nine European countries, and the replacement of its Advantage membership scheme with a new, simplified offering, IVAX First (*C&D, November 1, p12*).

Simon Clark, previously commercial director, has been appointed vice-president and general manager for IVAX Pharmaceuticals in the UK, Ireland and Scandinavia. He will assume responsibility for all commercial operations and associated support functions.

After joining the generics division in 2001, he went on to head up sales and marketing in the branded and generic divisions.

Graeme Ker is leaving his position as head of sales, UK generics, in April after more than 11 years with IVAX. He will be replaced by Colm Magee, currently national sales manager.

Previously head of marketing, UK brands, Graeme Duncan becomes director of UK brands. He helped develop new brands, including Airmax, from within IVAX's new product portfolio.

Richard Daniell, head of marketing, generics, becomes director of UK generics. He joined IVAX in 1990 and his role has covered quality control and new product development, including developing the new patient pack livery.

IVAX is also adding a new warehouse to its Runcorn facility and, once this is complete in April 2004, the company says it "make both financial and logistical sense to consolidate all the warehouse and distribution business there".

UniChem wins Boots deal

UniChem has firmed up its arrangement to supply Boots with prescription medicines it does not stock centrally, with a three-year trading agreement including emergency back-up for centrally stocked lines.

A Boots spokesman said: "Boots has been pleased with the arrangement we have had with

UniChem so far and this deal cements it."

Martyn Ward, UniChem sales and marketing director, said: "UniChem is proud of the association it has forged with Boots and we are delighted that we have been given the opportunity to continue to build on this relationship."

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Reference: 1. TNS Counterpoint, monthly data. 2001, 2002, 2003.

Mike Rudin to leave BAPW

Mike Rudin is to leave his position as executive director of the BAPW "for personal reasons", according to the Association.

In a statement, BAPW chairman Steve Dunn said: "In the 18 months we have worked together we have formulated a new direction for BAPW and made significant progress towards establishing BAPW as a major influencer in the world of pharmacy. Mike's contribution will be missed."

Mr Rudin said he is leaving to

put his efforts full-time into his own business of five pharmacies in North London.

"I have enjoyed my time at the BAPW and believe I am leaving it in a positive position," he said. "My pharmacies have recently been refitted and I feel I need to give them full-time involvement. I consider my leaving as a reluctant farewell."

According to Mr Rudin's office, he will work one day a week until Christmas as part of his notice period.



New gift guide from Swains

Swains has published its fifth annual Autumn/Winter gift guide. The 52-page consumer catalogue contains over 200 of the latest and best selling products including cameras, equipment and accessories, plus a selection of frames and photo albums.

To obtain copies, speak to your regional sales manager or contact Swains by calling LoCall 0845 4504242 or e-mail sales@swains.co.uk.

Medical device show at NEC

Medical Device Technology 2004 is being held at the NEC, Birmingham, from February 11-12. Now in its eleventh year, the event is the UK & Ireland's premier showcase for medical device and in-vitro diagnostics products and services.

For more information or to pre-book visit www.mdtevents.com; contact Chris Mott on 020 8987 0900 or e-mail cmott@advanstar.com.



RECOMMENDED



PHARMACY ONLY EXPERTISE

ABPI backs PPRS review

by Sasa Janković

sjankovic@cmpinformation.com

The ABPI has set out its stall in a discussion paper about the consultation taking place around the current Pharmaceutical Price Regulation Scheme, which is due for review in September 2004.

In the document, the ABPI describes the current period of the PPRS as an "unprecedented partnership" between the Government and the pharmaceutical industry and says it is approaching the forthcoming PPRS negotiations "in a positive manner".

It commends Government for upholding the commitment to maintaining a successful pharmaceutical industry in Britain and claims "there is a virtuous circle in this. By government purchasing NHS medicines at a reasonable cost and offering a fair return, companies can ensure a continuity of medicines supply and invest in further medical discovery, thereby improving healthcare standards for NHS patients."

However, it warns: "Since the last PPRS was agreed, the industry has continued to play its part in investing in Britain. But competition from around the world is ever increasing and the Government must ensure it continues to foster a UK environment to secure the current industry base and attract new investment."

While the total amount spent on medicines by the NHS increased by £800 million last year to £8.6 billion, the overall proportion of expenditure on medicines remained less than 13 per cent of the total NHS cost.

Latest figures (2000) show that the industry's profits on sales of branded prescription medicines to the NHS under the PPRS amounted to less than 15 per cent, even after restriction and disallowance of some costs in accordance with the scheme. The agreed PPRS formula sets a ceiling on each company's maximum profits but offers no guarantee that this figure will be reached.

Generic medicines, which are

regulated by a different system to the PPRS, now account for more than 50 per cent of prescription items dispensed. The use of branded medicines, regulated by the PPRS, rose by just 7.8 per cent last year. The growth in expenditure on branded medicines is considerably less than the overall increase in NHS spending of 12.1 per cent in 2001/2002.

The report concludes: "When reviewing future regulation of the industry it is clear that the PPRS should not be seen in isolation. It has a powerful impact but is but one of many constraints placed on medicines expenditure."

"Innovation is the key to pharmaceutical industry success. By fostering such an industry in the UK it benefits both the health and wealth of the country. Greater prescribing of medicines has shown to be beneficial in terms of helping Government meet its key targets for improving healthcare."

For more information:

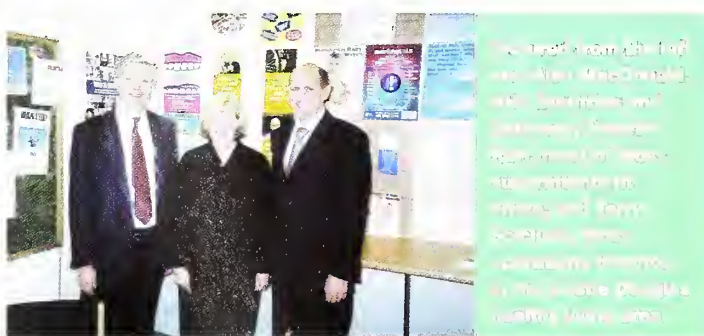
www.abpi.org.uk

Moss unveils Scottish pharmacy vision

Moss has unveiled its model for the future of pharmacy at the Moss Pharmacy on 97 King Street, Castle Douglas, which is set to deliver a range of healthcare services to the local community.

Developed in partnership with the Dumfries & Galloway NHS Board, the Moss Pharmacy Healthy Living Centre is part of a drive to encourage people to use their pharmacy as a first port of call for health advice.

It consists of a fully equipped treatment room and a healthy



living area and will also provide pharmacy services such as stop

smoking clinics, blood pressure checks and asthma clinics.

Iressa and Crestor boost AZ results

AstraZeneca has reported sales for the first nine months up by 2 per cent despite the £1.1 billion loss in USA sales of Prilosec, Zestril and Nolvadex. Third quarter sales were up 5 per cent with double digit growth in Japan, Germany, Italy and Canada.

Crestor sales were £52 million for the period, including £33m in

the USA in the third quarter following FDA approval on August 12. In the week ending October 10, Crestor's share of new prescriptions in the USA statin market reached 1.9 per cent.

Sales of Iressa were £80m for the nine months, including £32m in the USA since its May launch.

Sir Tom McKillop, chief

executive, said: "A 56 per cent increase in sales of key growth and launch products in the first nine months of 2003 and the promising early results from USA launches of Iressa and Crestor have more than offset sales lost to generic competition and provide the platform to deliver top-tier future financial performance."

Abbreviated Prescribing

Information. Nicorette Patch.

Presentation: Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing 15mg, 10mg and 5mg of nicotine respectively over 16 hours.

Indications: Nicotine dependence and symptom relief in smoking cessation.

Dosage & Administration: Nicorette patches should not be used concurrently with other nicotine products and patients must stop smoking completely when starting the treatment. The recommended treatment programme should occupy 3 months. One Nicorette patch should be applied to a dry, non-hairy area of the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours within any 24-hour period. Patients are recommended to commence with one 15mg patch daily for the first 8 weeks. Patients who have remained abstinent should then be supported through a weaning period, consisting of one 10mg patch daily for 2 weeks followed by one 5mg patch daily for a further two weeks. Patients should be reviewed at 3 months and if abstinence has not been achieved, further courses of treatment may be recommended if it is considered that the patient would benefit. Not for use by persons under 18 except under advice from a doctor.

Precautions: Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, peripheral vascular disease, diabetes mellitus, hyperthyroidism, pheochromocytoma, recent cerebrovascular accident, chronic generalised dermatological disorders.

Contra-indications: Pregnancy & Lactation. If the patient cannot give up smoking without NRT then a risk/benefit assessment should be made. Non-smokers, known hypersensitivity to nicotine or component of the patch.

Special Warnings: Rarely dependence. Erythema may occur. If severe or persistent, discontinue treatment.

Adverse Effects: Application site reactions (e.g. erythema and itching), headache, nausea, dizziness, palpitations, dyspepsia and myalgia.

Pharmaceutical Precautions: Do not store above 30°C. **Legal Category:** GSL. **Package Quantities & Cost** (at trade prices correct at time of printing): Cartons containing Nicorette patches in single sachets in the following quantities: Nicorette Patch 15mg (PL00032/0294) – packs of 7 (£9.07). Nicorette Patch 10mg (PL00032/0293) – packs of 7 (£9.07). Nicorette Patch 5mg (PL00032/0292) – packs of 7 (£9.07). **PL Holder:** Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661101. **Date:** Preparation: October 2002.

nicorette

nicotine

15mg patch for 16hr use

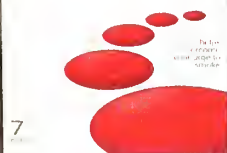
While your
customers are asleep,
so are their cravings.



That's why Nicorette Patch is
specifically designed to be taken off
at bedtime.

nicorette
15mg patch
nicotine

step 1



7

Nicorette Patch is specifically designed to be taken off at bedtime, so the body gets a break. It's a discreet, easy-to-use, once-a-day dose available in three strengths so your customers can gradually reduce their nicotine intake. The new Nicorette Patch TV campaign featuring the benefit of "the patch you take off at night" starts soon. So give your customers Nicorette Patch and help them beat cigarettes one at a time.

You're twice as likely to succeed* with
nicorette
patch

* compared to smokers who do not use Nicorette Patch

Comment

from the Editor

Getting the balance right – it's as simple as that for the Government, which has firmly indicated its 'balanced package of measures' will be incorporated into the way control of entry regulations are applied to the pharmacy sector.

The profession knows it is no use digging its collective heels in and telling the DTI that there can be no change to the regulations. But it can apply some pressure to make sure the terms Government is seeking to introduce offer a sensible and workable way forward, and that nothing has been overlooked.

That opportunity to safeguard the future comes now. As the consultation period draws to a close, the most useful allies for pharmacy will be those MPs who so strongly supported it in the summer, as well as the people who will have to ensure that there is proper provision of pharmaceutical services in the locality: the PCTs and local authorities.

The battle is not over, but pharmacists must act quickly, with the help of the NPA, to alert those who can influence the Government's advisory board to the pitfalls that lie in the proposals. The problems centre particularly around the lack of detail and, as we all know, that's where the devil lies.

Make sure PCTs and politicians push for more detail and definitions. For example: what is so special about 15,000sq m; what exactly is a one-stop primary care centre; what is the real intention of the proposed review of the regulations in 2006; what problems will the new entry test of 'competitiveness and choice' bring to 'necessary and desirable'; and how will the 100 hours exemption be policed?

If these areas are not established now, then all the effort being put into the Government's *Vision*, the new contract and all the other plans for pharmacy will be for naught. Remember leap-frogging? A new Pandora's box of such delights might open up if the Government fails to listen.

The most useful allies for pharmacy will be those MPs who so strongly supported it in the summer

Your views

Please e-mail your views to chemdrug@cmpinformation.com

Strange coincidence or cynical manipulation by manufacturer?

I am writing about the action of Aventis in withdrawing Tritace capsules and replacing them with tablets from this November.

This is yet another cynical move by branded companies to extend their market monopoly and profits at the expense of pharmacy, patients and taxpayers. Does Aventis really believe we are unaware that ramipril capsules will be available generically in January next year?

Aventis's literature says that the reason for the switch is due to global manufacturing rationalisation and all capsules will be phased out by November 30.

Considering that Tritace capsules have been on the market for at least 12 years, I find it strange that Aventis decides to make this change two months

before the product goes generic.

My major concern is the inconvenience and disruption it will cause to patients. Patient compliance will be affected by the switch to tablets and, if tablets and capsules are prescribed on a mixed basis, we will have to arrange for the script to be changed depending on what stocks are available. This will delay, disrupt and increase workload for pharmacists and GPs.

Given the generic availability of ramipril capsules in January, I will recommend local GPs continue to prescribe generic capsules. This will make life easier for me, safer for patients and save the NHS money.

Karen Goldsmith,
community pharmacist

No compromise – just global rationalisation

Martin Ford, Aventis Pharma's medical director, responds.

We are confident that patient compliance will not be compromised by the change to the presentation of Tritace from capsules to tablets. Generic products almost always have physical characteristics different to the branded product that they copy. We are confident that patients will adapt to this change in the same way as when they are dispensed generic solid dose form pharmaceuticals.

Aventis has put in place various mechanisms to minimise the inconvenience of this transition: a patient information tear-off pad for GPs and pharmacists to give to patients; a template letter for GPs to alert patients; courtesy calls and

mailouts to GP surgeries and pharmacies; the facility for GP practice computer systems to automatically update; pharmacy, PCO and wholesaler computer system updates; and advertising.

The transition from capsules to tablets is due to rationalisation within Aventis. The UK is one of very few countries that sell capsules. It is more economic to produce tablets. With the loss of patent next year in the UK and the drop in forecast volumes the economic sense of switching to tablets becomes overwhelming.

Finally, we know there will be several generic presentations on the market from 2004, ensuring strong price competition to the considerable benefit of the NHS. *More letters on page 18.*

ReaderREPLY

Respond to
Charter, past
president
urges

By the end of next week the Society's consultation on its revised Charter will have come to an end. Many pharmacists feel the consultations – and the issues themselves – are complex, and that there is little point in trying to get grips with them.

It is not easy to read and understand the issues, but there are some key points that I would urge all pharmacists to consider: The Council and Privy Council must decide, without consulting the members, to allow other groups (such as technicians) to become members.

The Council must consult members at present on proposed changes to the rules governing the workings of the Society (set out in the bylaws) and cannot make changes unless the Privy Council agrees. These safeguards disappear – the Council can make its own regulations with no consultation.

This Charter
does not reflect
the concerns
expressed

Under this Charter the Society no longer has its present role of safeguarding and promoting the interests of members in their practice of the profession.

The Charter permits the Society to charge fees to members, not just as now for registration and regulation, but for other purposes.

There are many other important changes proposed.

This is not a Charter that reflects the concerns expressed at the Special General Meeting in June. It does not suggest that the Council is interested in the views of members.

Readers should think about these changes and, if they are not happy with them, write to Christine Gray at Lambeth and let her know. If they do not, silence will be taken as consent.

David Sharpe,
past president of the RPSGB.

PS The office of president, in the old Charter, has disappeared).

TOPICAL REFLECTIONS

PSNC can arm us against Government duplicity

It is much more difficult to generate opposition to mechanisms of implementation than to original proposals. For most MPs, the battle over the Office of Fair Trading recommendations to remove contract controls has already been won and to now convince them the opposite is true is a difficult task.

Community pharmacy has been sold down the river by the so-called 'balance of measures' but trying to assess the long-term consequences has been difficult. So far I have seen few concrete examples of potential change but according to Brian Cotter, Liberal Democrat spokesman on small business, there are 389 shopping centres in England over 15,000sq m in size. And if all these open

pharmacies, the local pharmaceutical service for those unable to visit the shopping centre could be devastated (*C&D November 1, p6*).

If Brian Cotter can identify these shopping centres then PSNC should be able to publish the list. Affected contractors could then assess the likely effect on their businesses and with that evidence provide solid ammunition to their MPs with which to oppose the Government's duplicity.

The concerted campaign by all pharmacy organisations in the spring won the battle. It will be devastating to the future of pharmacy if, in the fine print of the changed regulations, the OFT is allowed to win the war.

Future remains a remote likelihood

The 'final check' debate is once again raging, this time disguised in the form of determining the future responsibilities of qualified technicians.

Most official pharmacy organisations have come down against remote supervision by community pharmacists but in so doing demonstrate a Luddite attitude in conflict with the intention of technician registration and with our extended responsibilities under the new NHS contract.

I have no problem with the delegation of responsibility to accredited technicians, as long as I

take ultimate responsibility and am able to satisfy the ethical requirements of ensuring that responsibility is properly executed.

Accredited qualified technicians with devolved responsibilities are vital to achieving the vision of a pharmacy profession meeting the challenges of the future. That future will never be attained while we remain embroiled in a debate over the concept of remote supervision when the real debate should now be on how it can be effectively implemented.

Cost cutting will hurt the oxygen patient



I do not have many regular oxygen patients but those I do value my service highly. They know that I will always sort out any problems, whether it is a faulty valve, a new mask or drugs that may need delivering. In return, few make unnecessary demands and most endeavour to sort out their regular needs via more able relatives or friends.

I also receive urgent requests for oxygen directly from the local surgery and feel that it is a part of my professional responsibility to deal with these as soon as possible.

I have urgently supplied oxygen, often my greatest reward has been genuine thanks from a patient in real need.

As far as my patients are concerned I am a responsible professional and not just a supply service. The Department of Health disagrees and maintains that the professional link in its new hospital consultant-based oxygen prescribing system will be the GP and my role limited to tendering for the supply contract (*C&D November 1, p7*).

The tenders will be based on supply only, with the personal added value service that I provide considered irrelevant. The DoH says the new arrangement is designed to ensure a modern domiciliary oxygen service based on patients' needs, but they have certainly never asked my patients.

I have already started to collect these opinions using the PSNC questionnaire but fear that, whatever the unanimity of support by patients to maintain the status quo, the decision has already been made. Oxygen supply will go out to competitive tender but I doubt I have the financial clout to effectively compete. The DoH may obtain more cost-effective supply but it is the patient who could be the loser.

OpenLETTER

Consultation concerns

This open letter was sent by members of the Save Our Society to the president of the RPSGB.

The Government's 'Better regulation task force' has published its list of important principles of regulation (www.brtf.gov.uk), details of which were published in the *Pharmaceutical Journal* (October 25).

In relation to any proposals regarding regulation, the report states that:

● Policy objectives, including the need for regulation, should be clearly defined and effectively communicated to all interested parties.

● Effective consultation must take place before proposals are developed to ensure that stakeholders' views and expertise are taken into account.

● Stakeholders should be given at least 12 weeks and sufficient information to respond to consultation documents.

● Regulations should be clear and simple and guidance, in plain language, should be issued 12 weeks

before the regulations take effect.

Given that the Society has only given the profession five weeks to comment upon the draft Charter, and because much of the Charter draft refers to an as yet unpublished Section 60 order we find the process and the time frame entirely unacceptable. There is no doubt that, currently, the Society's programme for consultation on this draft Charter is, in a number of important respects, wholly at odds with the principles of regulation as defined by government. As such it makes any recommendations that the Society may subsequently make to government vulnerable to challenge.

We ask that you take immediate steps to ensure that this extremely significant consultation complies fully with the principles described above.

Hassan Argomandkhah

Anthony Cox

Maurice Hickey

Mark Koziol

Gavin Miller

Graham Phillips.

PAGB
PERSPECTIVE

Kettle calling the pot ...?

Perhaps pharmacists can build better self-care allegiances with nurses than with doctors, suggests PAGB director Sheila Kelly

GPs see community pharmacists as shopkeepers and that's a barrier to doctors and pharmacists working together.

Dr John Chisholm, chairman of the BMA's general practitioner committee, raised this at the UniChem conference recently. His speech was about inter-professional working and he highlighted the advantages that closer working relationships would bring. Dr Chisholm has always been supportive of pharmacists but he was telling it like it is.

The fact that the pharmacist is paid by the customer seems to be a problem for doctors. It's a strange reaction and one that prevails even in Europe where the patient pays doctors for each visit and the pharmacies generally look less shop-like than they do in the UK.

They don't seem worried that dentists, opticians, physiotherapists and even vets are all paid in this way. Nor does it occur to them that they get direct payments for items such as insurance certificates and holiday vaccinations and that their income is linked to reaching government targets for various screening activities and tests. If that isn't commercial, what is?

It would be interesting to know how doctors have developed this attitude, which isn't a problem for consumers. Research last year in the UK, Spain, Italy, Germany and Finland showed the very high regard that customers have for pharmacists. And, interestingly, UK pharmacists scored higher than their European colleagues, with people believing the pharmacist's advice was very or quite useful in 85 per cent of cases.

Uniquely in Europe, UK doctors are paid a fee whether or not they see a patient. They don't lose money if their patients go to the pharmacist first and their waiting rooms are full of people with minor ailments who go to the pharmacy after they see the doctor.

Around the country various self-care schemes are establishing



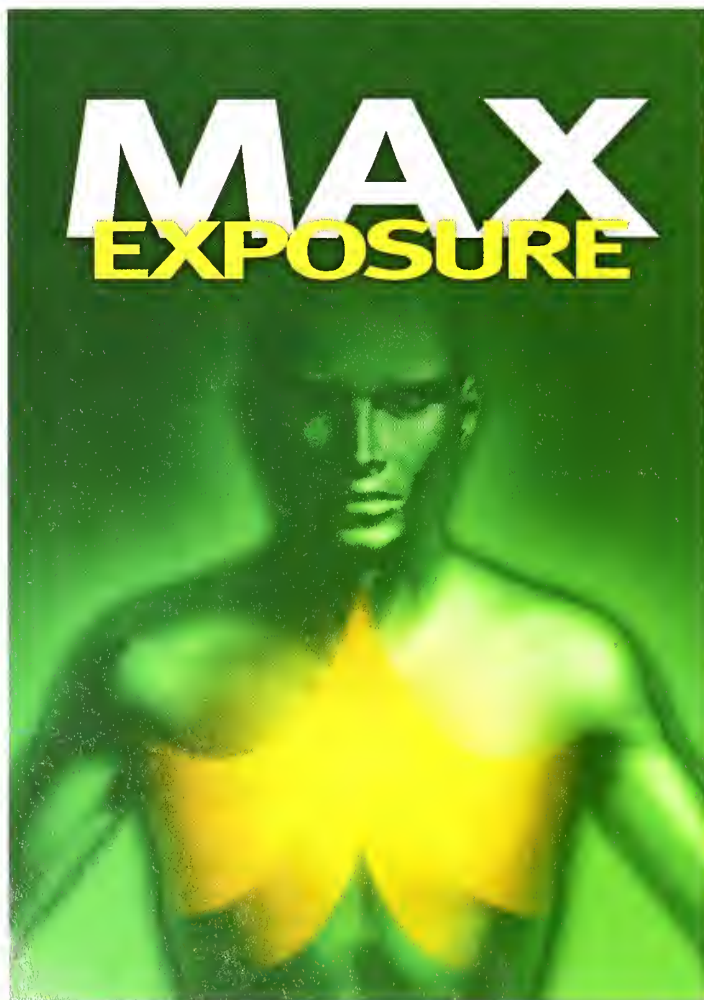
the high level of satisfaction from patients when they can get advice and medicines without needing to go to the doctor. At the PAGB annual self-care conference last month, almost every speaker on the day talked about the work that pharmacists were doing already and could do in the future.

Around the country 32 projects involving pharmacists managing common ailments have been completed. All show pharmacists working in collaboration with doctors, nurses and A&E staff, and all show a high level of satisfaction from all participants.

At PAGB we are reviewing our own communications programme and brainstorming sessions held recently with a range of pharmacy representatives. The industry shows there would be strong support for a campaign to promote the profession and a feeling that now is the time to do it. The question is, who should lead it?

Perhaps the director for self-care within the Department of Health Health minister Rosie Winterton announced at the conference that the chief nursing officer, Sarah Mullally, was taking on this role. PAGB will be meeting her to talk about self-care, but she is an obvious port of call for pharmacy too.

Nurses have been very successful in carving out a niche for themselves alongside doctors and now as independent prescribers. They don't have worries about working with pharmacists so perhaps they can help bridge the gap with the more reluctant GPs.





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*IRI February 2003

COVONIA
YOU CAN FEEL IT WORKING

Rebecca Russell and Dr Brian Lobb discuss the options available

Treating indigestion



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1286), in association with multiple choice questions being published in C&D December 6, provides one hour's continuing education

Indigestion is the term applied to a range of symptoms attributed to acid-related problems in the upper gastrointestinal tract.

It can be usefully divided into:

- **Heartburn** – a retrosternal burning sensation, and
- **Dyspepsia** – pain or discomfort centred in the upper abdomen, which may be accompanied by upper abdominal fullness, early satiety, belching, bloating, nausea and vomiting.

The prevalence of indigestion is estimated to be between 23 per cent and 41 per cent, with about a quarter of those who experience symptoms consulting a GP. Most of the rest will self-treat with OTC remedies and many will seek pharmacist's advice.

Over the past 20 years, treatment for dyspepsia has changed dramatically with the discovery in 1983 of *Helicobacter pylori* from human gastric biopsies. It is now known that *H. pylori* infection is associated with gastritis, duodenal ulcer, duodenitis, gastric ulcers, gastric cancer and gastric mucosa-associated lymphoid tissue (MALT) lymphoma. However, a relatively straightforward course of eradication therapy – typically one week course of a proton pump inhibitor (PPI) and two antibiotics – can eliminate the bacteria and cure duodenal and peptic ulcers, gastritis and duodenitis.

H. pylori infection is now considered to be carcinogenic and, while it is not clear if eradication can reduce the risk of gastric carcinoma, it has been shown to cause regression of some gastric lymphomas.

In the past, great store has been placed on the specific symptoms used to differentiate between GI disorders. However, the nature and severity of symptoms is not a reliable guide to the underlying disorder for all GI conditions and, often, further clinical investigations will be required to determine the exact diagnosis. But if the predominant symptom is heartburn, particularly if accompanied by acid regurgitation, then gastro-oesophageal reflux disease (GORD) can be diagnosed.

If the patient points directly to the epigastrium when asked the site of the pain this suggests peptic ulcer. Pain occurring at night as well as in the day is suggestive of duodenal ulcer. Motility disorders of the oesophagus typically cause a retrosternal crushing type pain, which may radiate to the jaw. This can mimic cardiac pain and patients should be directed to the GP for further investigation (see *Diagram 1* for more information).

About 4 per cent of GP consultations are for indigestion. Further investigation by endoscopy occurs in around 10 per cent of these. About 30 per cent of endoscopies have no abnormal findings, or functional dyspepsia, previously known as non-ulcer dyspepsia. A further 30 per cent have gastritis, duodenitis or hiatus hernia, 10–17 per cent have duodenal ulcer, 5–10 per cent have gastric ulcer and 2 per cent have gastric cancer.

One of the major concerns that doctors have about patients

Objectives

- To know what questions to ask patients
- To know what conditions GI symptoms might indicate
- To know when to refer to a GP
- To revise the properties of OTC treatments
- To revise drug interactions for indigestion treatments



Fatty foods eaten quickly without allowing time to digest afterwards can cause indigestion, which is becoming more common in younger people

regularly self-treating GI symptoms is that they could be masking potentially life-threatening disease. This is true for all agents used to treat GI symptoms but particularly so for the more potent agents such as the H_2 antagonists and any future OTC preparations of proton pump inhibitors (PPIs). *Box 1* illustrates potential differential diagnoses that may be made for

patients presenting with upper GI symptoms.

When to seek professional help

As most patients presenting with upper GI symptoms will not have serious pathology, many can be safely treated and advised by the pharmacist in the first instance. However, it is important to

Continued on page 22 ►

identify those patients who may have more serious symptoms requiring further investigation, and refer them to their GP.

These questions should help identify patients who would be suitable for initial treatment with OTC remedies.

Q. What is the pain like?

A. Usually described as burning or gnawing. Pain described as tight, crushing or stabbing is not usually indigestion. The severity of the pain will inform your decision to refer.

Q. How often do you get it?

A. Symptoms occurring infrequently, often associated with certain types of food, may be treated with non-prescription medicines. Symptoms must be referred if they occur more than twice a week for no obvious reason such as over-indulgence, or when associated with any of the factors listed in box 3.

Q. How long have you had symptoms?

A. Recent onset of regular indigestion, particularly in older people, is suspicious and must be referred.

Q. Where do you feel the pain?

A. Is it predominantly retrosternal (behind the sternum) or epigastric (central, over the stomach)? Retrosternal pain may indicate gastro-oesophageal reflux disease (GORD), while epigastric pain may indicate dyspepsia.

Q. Does anything bring on or relieve the pain?

A. Reflux may be brought on by bending down or lying down. Pain from ulcer-like dyspepsia occurs when hungry and may be relieved by milk or food. Pain immediately after a meal may indicate a gastric ulcer while pain one or two hours

later may be caused by a duodenal ulcer; these patients should be referred.

Q. Are you taking any medication already?

A. A number of prescribed and OTC medications can cause GI symptoms and drug-induced indigestion is a common form of it (see box 2, and *C&D*, January 11, 2003, p19-22). Drug interactions are also common with indigestion remedies, so their choice may be influenced by prescribed medicines the patient is taking (see box 4).

Safe approach

There are frequently locally agreed guidelines regarding initial GP management of patients with indigestion to assist in selecting patients who need endoscopy. It would be worthwhile contacting your local GPs to find out what their guidelines are.

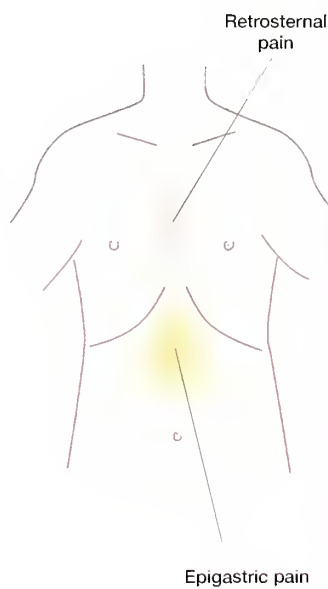
Traditionally, GPs treat dyspeptic patients with a step-up approach, starting with simple antacids, moving on to antacid-alginate preparations, H₂ antagonists and then PPIs. If the patient has already tried the first steps with limited success, a GP will start at the next step up. Agents such as domperidone, which have useful anti-nausea properties, may be prescribed with any of the steps in selected patients. However, some GPs are now taking a step-down approach, starting with a PPI to achieve rapid symptom control and then reducing down the steps to the level needed to maintain satisfactory control.

In those patients with typical dyspeptic symptoms "test and treat" is being advocated to

Box 1. Possible differential diagnoses for upper GI symptoms

Symptom	Possible diagnoses
Epigastric pain	Biliary colic, pancreatitis, ischaemic bowel, angina
Early satiety, bloating and fullness	Irritable bowel syndrome and motility disorders
Dysphagia	Peptic stricture, oesophageal or gastric carcinoma, achalasia (focal oesophageal spasm), diffuse oesophageal spasm, extrinsic compression from other mediastinal structures
Retrosternal pain	Myocardial infarction, angina
Nausea and vomiting	Gastro-enteritis, ileus (cessation of bowel peristalsis from various causes), obstruction, pancreatitis, metabolic causes, cholecystitis, drugs

Diagram 1. Sites of presentation of upper GI symptoms



Box 2. Drugs that may cause GI side effects

- Aspirin 75mg
- NSAIDs
- Calcium channel blockers including amlodipine, nifedipine, diltiazem
- Atenolol
- Anticholinergics including hyoscine and drugs with anticholinergic side-effects such as tricyclic antidepressants and phenothiazines
- Nitrates
- Prednisolone
- Ferrous sulphate
- Aminophylline and theophylline
- Caffeine
- Tetracyclines
- Alendronate

For more information refer to the B.N.F.

Box 3. Presenting symptoms requiring early referral to GP

- Persistent (greater than five days) or recurrent symptoms (symptoms occurring more than twice a week or continuous symptoms)
- Failure to respond to treatment or improvement not maintained
- Unintentional weight loss
- Suspected adverse drug reaction
- Anticholinergics including hyoscine and drugs with anticholinergic side-effects such as tricyclic antidepressants and phenothiazines

The following require immediate referral:

- Pain worsens with effort or exercise
- Pain radiating to arms and/or neck
- Blood in vomit (haematemesis) or stools (melaena)
- Persistent vomiting
- Difficulty in swallowing/sensation of food sticking (dysphagia)
- Children

identify potential *H. pylori* infection. Patients testing positive are treated with eradication therapy to see if symptoms resolve. This has been shown to be safe and effective in those patients without any alarm symptoms and should reduce the need for endoscopy.

OTC products

Antacids: these work by neutralising gastric acid and are best taken one hour after a meal when the rate of gastric emptying has slowed. If taken earlier than this, the antacid will be ejected from the stomach as part of the gastric emptying process and will therefore be less effective.

Antacid preparations are often the first line treatment in patients presenting with indigestion. The

choice and formulation may be down to patient preference but a number of factors should be borne in mind depending on the content of each product. Antacids can also have significant interactions with many prescribed drugs (see box 4 for examples).

Sodium bicarbonate is a water soluble, absorbable antacid, which quickly neutralises acid and has a relatively short duration of action. It is included in several OTC antacid preparations to provide a rapid effect alongside other, longer-acting ingredients. Preparations containing sodium should be avoided in patients who must restrict their sodium intake for example in congestive cardiac failure, and long-term use can

Continued on page 24

MAX OPPORTUNITY

With dynamic, new-look packs and an exciting new TV campaign, Meltus is set to make a big impact with your customers.

And as the only major range with a product for all types of cough and every member of the family, Meltus is set to go from strength to strength!

NEW EYE CATCHING PACKS

Strong packaging to support a strong product range. The Meltus range has been redesigned for added appeal and maximum on-shelf visibility.

NEW TV CAMPAIGN

Meltus will be back on TV in winter 2003/04 running from December through to February with an unforgettable new TV commercial that's bound to grab your customers' attention.

NEW POINT OF SALE

Striking new Point of Sale material and literature will help boost the sales potential of Meltus.

STRONG TRADE SUPPORT

Our great deals and fantastic margins mean you can make the most of this great opportunity.

MELTUS

**WITHOUT PRESCRIPTION,
THERE'S NOTHING STRONGER!**



MAX STRENGTH

- Relieves chesty coughs
- Soothes sore throats

NON-DROWSY

MAX STRENGTH

- Relieves chesty coughs
- Soothes sore throats

NON-DROWSY

ADULT MELTUS FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION: Presentation: Oral liquid. Each 5ml contains: 300mg Guaiphenesin, 2.5mg Cetylpyridinium Chloride, 0.5g Purified Honey. Indications: For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. Dosage and Administration: Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken 4 or 6 times daily, every three or four hours. Not recommended for children under 12 years. Contraindications, Warnings, etc: Contraindications: None known. Warnings: Not suitable for children under 12 years. Very rare side effects: drowsiness, dizziness, nausea and vomiting. Gastrointestinal discomfort has been reported. Use in pregnancy and lactation: No known interactions. Side effects: None known. Legal Category: GSL. Packs: 100ml and 500ml. Price: 100ml £3.90 exd VAT, 500ml £18.90 exd VAT. B.L. Number: 0338/50266. P.L. Holder: Lupat Limited, Jubilee House, Oldham OL14 5LS. Date of Preparation: October 2003. Further information is available on request from SSI International, Jubilee House, Oldham OL14 5LS. References: Adult Meltus for Chesty Coughs and Catarrh.

Box 4. Interactions

Medication	Interaction with	Mechanism
Antacids	Iron, tetracyclines, enteric-coated preparations, penicillamine, chlorpromazine, quinolone antibiotics, digoxin, rifampicin, warfarin and phenindione	Reduction in absorption
	Lithium	Serum levels reduced by sodium bicarbonate
	Sucralfate	Less efficacy at higher pH
	Flecainide, mexiletine and quinidine	Excretion reduced if pH of urine is increased, possible increase in plasma concentrations
Cimetidine	Phenytoin, theophylline, warfarin	Increased plasma concentrations due to inhibition of cytochrome p450 system
	Anti-arrhythmics including amiodarone, flecainide and quinidine	Increased plasma concentrations
	Ciclosporin	Possible increase in plasma concentration

lead to metabolic alkalosis and renal failure.

The *BNF* contains information on the relative sodium content of all antacid preparations. Low sodium products contain less than 1mmol of sodium per tablet or 10ml dose.

Aluminium and magnesium salts are relatively insoluble in water so act relatively longer in the stomach. Magnesium salts can cause diarrhoea. Aluminium salts can cause constipation so should be used with caution in constipated patients and the elderly. The combination of aluminium and magnesium salts in some preparations may help to minimise any disruption to bowel function.

Calcium salts are quick acting but may cause acid rebound by stimulating gastrin production. Long-term use may cause hypercalcaemia so is not recommended. There is evidence that regular doses of over 2g elemental calcium daily (including dietary sources and supplements taken for other reasons) are likely to cause problems. Other agents: Dimethicone may be incorporated into antacids to act as a defoaming agent, which allows small bubbles of

gas to coalesce and be removed by belching.

Alginates form a raft on top of the stomach contents to prevent reflux back up into the oesophagus. Alginate products may have lower acid neutralising capacity than some antacids but may contain high levels of sodium bicarbonate.

H₂ antagonists: Cimetidine, famotidine and ranitidine are all licensed as P medicines for the short-term symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity. Famotidine is also available as a combination product with magnesium hydroxide and calcium carbonate.

H₂ antagonists are effective at relieving the symptoms of dyspepsia but there is concern that continued use may mask symptoms of gastric cancer and postpone diagnosis. They should therefore be used with caution, particularly from middle age onwards. Patients whose symptoms change or who present with other symptoms (see box 3) should be referred immediately to the GP. The maximum continuous period of treatment for OTC H₂ antagonists ranges from six days to two weeks.

Cimetidine may interact significantly with some prescribed medicines (see box 4). For more information consult individual summaries of product characteristics.

PPIs: recently, the CSM has approved an application to reclassify omeprazole as a P medicine for the relief of reflux-like symptoms (such as heartburn) in patients aged 18 and over. The first products are likely to be available from early 2004 (see p30).

It is likely that some healthcare professionals will have concerns about such potent products being more freely available to the public. To allay the concerns of your colleagues locally it might be constructive to discuss the use of PPIs generally with your GPs and agree referral criteria in advance. **Domperidone:** Domperidone acts at the chemoreceptor trigger zone to relieve nausea and vomiting. It is available for the relief of post-prandial symptoms of excessive fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn.

Lifestyle advice: lose weight; stop smoking; avoid hot drinks

Actionplan

1. In your practice workbook devise a sequence of questioning that distinguishes between acid reflux and stomach-related dyspepsia. Identify "cut off" points that indicate when to refer the patient to a doctor.

2. Show these questions to your medicines counter assistants and emphasise their "cut off" points at which they should refer the patient to you.

3. Write two sets of "things to avoid" and make sure your medicines counter assistants are familiar with these lists.

4. Look through the plethora of OTC products on your shelves to treat both GORD and dyspepsia. Examine their constituents then select two indigestion and two GORD remedies you would recommend. Tell your medicines counter assistants of your choice and why.

5. How do you feel about proton pump inhibitors being added to your armamentarium? Do you think your local GPs will feel you are not able to select appropriate patients/symptoms for their use? If so, how will you convince them all is well?

before bed; avoid big meals; avoid fatty and spicy food; avoid eating within three hours of going to bed; avoid food and drinks known to make symptoms worse such as onions, spices, cucumber, chocolate; avoid drugs that are known to aggravate symptoms such as aspirin, ibuprofen.

For symptoms associated with reflux: elevate the head of the bed by about 10cm; avoid bending after meals; avoid lying down after eating; avoid wearing tight clothes; overweight people should try to lose weight.

Reading list available on request.

Rebecca Russell, MSc, MRPharmS, is a freelance writer and CPPE tutor. Dr Brian Lobb, MB, ChB, BSc, was formerly a pharmacist and is now a GP.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 6 issue, which will cover this week's CPP-accredited module, together with those in the November 15 and 29 issues. These will cover:

● **Indigestion (1286)** ● **Baby and child development part 5 (1287)** ● **HIV treatments (1288).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers.

People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

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consistent quality and
excellent product availability,
why settle for second
when you can have first?*

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IVAX first delivers excellent value. We know that because we carry out a competitive price check on our products every month. So don't waste time calculating retrospective discounts. Save time by choosing instant value from **IVAX first**.

Steroid use in infant wheeze debatable

Short-course, high-dose oral corticosteroids are no more effective than placebo when used to treat wheezing attacks in young children, researchers have said.

Over 100 children aged between one and five years old who had been admitted to Leicester Children's Hospital with viral wheeze were randomised to prednisolone 20mg or placebo once daily for five days.

Parents were asked to complete a respiratory score diary for day and night time symptoms, and record the number of times inhaled salbutamol was required. Patients were also issued a second randomised course of treatment to be used should a second episode of viral wheeze occur.

No significant difference was recorded between the prednisolone and placebo groups for symptom scores or salbutamol



Corticosteroids are no more effective than placebo when deciding how to treat wheeze attacks in young children, according to researchers at the Leicester Children's Hospital

usage. Similarly, no difference was noticed in patients using the secondary course of treatment.

However, there was a trend for more frequent admissions to

hospital in the prednisolone group than in the control.

For more information:

www.thelancet.com
Lancet 2003; 362:1433-38.

Early warning signs for MI

Women presenting in pharmacies with common symptoms could be showing early warning signs of an imminent heart attack, according to researchers in the USA.

Unexplained fatigue, trouble sleeping, shortness of breath, indigestion and anxiety were the most common early symptoms reported by the 515 women in the study.



Common symptoms, rather than chest pain, are thought to be the precursors to a heart attack in women

Nearly 95 per cent of the women involved said that they experienced new or different symptoms a month before their heart attack, with the symptoms disappearing after treatment. The authors reported in *Circulation* that only 30 per cent of the women suffered chest pain before their heart attack.

Dr Jean McSweeney, lead author of the study, said: "Women need to be educated that the appearance of new symptoms may be associated with heart disease and that they need to seek medical care to determine the cause of the symptoms, especially if they have known cardiovascular risks such as smoking, high blood pressure, high cholesterol, diabetes, overweight or a family history of heart disease."

MMR sceptic now gives his blessing

The MMR vaccine is not related to autism and bowel disorders, and the decreasing uptake is likely to result in a measles epidemic, a co-author of the study which triggered the debate has said.

Simon Murch, one of the team of researchers who suggested in 1998 that further research into the potential link between MMR and autism was necessary, said in a letter to the *Lancet* last week that



many major studies had proved the MMR vaccine to be safe. However, a relationship between autism and bowel disorders has become apparent and more research is needed.

He warned that as MMR uptake is now as low as 61 per cent in parts of London,

a measles outbreak is likely.

The Department of Health welcomed Dr Murch's comments. A spokesman said: "This reinforces our current advice to health professionals to continue to encourage parents that MMR is safe and the best way to avoid three potentially serious diseases."

A Royal Pharmaceutical Society spokeswoman said it continued to support the DoH's view.

For more information:

www.thelancet.com
Lancet 2003; 362: 832.

Scriptlines

Avandamet launched

GlaxoSmithKline has launched its new oral diabetes treatment Avandamet (rosiglitazone maleate and metformin hydrochloride) for the treatment of type 2 diabetes.

Avandamet is indicated for type 2 diabetes patients who cannot control their blood glucose on metformin alone and is available as 1mg/500mg and 2mg/500mg rosiglitazone and metformin, respectively.

Patients should take 4mg rosiglitazone and 2,000mg metformin daily with food.

Dosage should be adjusted when the product is used with treatments such as beta-2 agonists, diuretics, ACE-inhibitors and glucocorticoids.

Common side effects include anaemia, GI disturbances, hypoglycaemia and headache.

For more information:

See Price List Supplement
GlaxoSmithKline
Tel: 0800 221441.

Actos 45mg

Actos (pioglitazone hydrochloride) 45mg will be available from mid-November and will cost the same as the 30mg dose.

Actos is licensed for type 2 diabetes patients where other treatments have failed to control blood glucose levels. The National Institute for Clinical Excellence updated its guidance on glitazones in August 2003.

For more information:

Takeda
Tel: 01628 537900.

Aprovel SPC changes

Bristol-Myers Squibb has announced that it has updated the SPC for Aprovel (irbesartan).

The SPC section on interaction with other medicinal products now contains a warning that irbesartan's antihypertensive effects may be increased by concomitant use of anti-inflammatory drugs.

For more information:

Bristol-Myers Squibb
Tel: 0800 7311 736.



Lemsip advice on avoiding a cold

Reckitt Benckiser is launching a consumer education programme with the start of Lemsip National Cold & Flu Week on Monday.

Sampling staff will give away issues and offer suggestions on cold and 'flu avoidance at major railway stations across the country.

Features on local and national radio stations will accompany the initiative which is part of a £5 million advertising campaign for the brand.

For more information:

Reckitt Benckiser Plc
Tel: 01482 326151.

Natural ads promote Sedonium

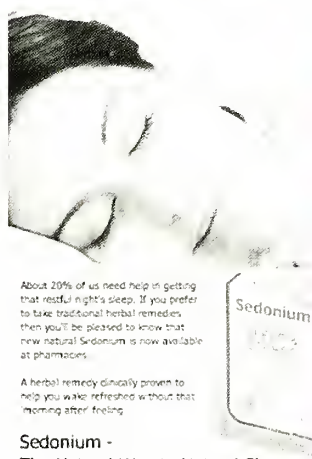
Lichtwer Pharma is promoting its herbal sleep aid product Sedonium with a national advertising campaign this winter.

The headline "The natural way to natural sleep" will lead the £250,000 initiative in national newspapers and women's magazines. The campaign is a result of the Lichtwer commissioned survey which found that 70 per cent of people felt more stressed the day after a sleepless night.

For more information:

Lichtwer Pharma UK Ltd
Tel: 01628 487780.

Sleep Right Through...
Awake Refreshed



About 20% of us need help in getting that restful night's sleep. If you prefer to take traditional herbal remedies then you'll be pleased to know that new natural Sedonium is now available at pharmacies.

A herbal remedy clinically proven to help you wake refreshed without that 'morning after' feeling.

**Sedonium -
The Natural Way to Natural Sleep**

For more information please call 01628 488006 or visit www.lichtwer.co.uk

Heinz adds crunch

Heinz has launched its first organic finger food with the introduction of Heinz Organic Biscotti.

It is based on an Italian recipe, and is designed to dissolve easily in the mouth. The snacks are suitable for babies aged six months and older who are learning to feed themselves. The product is "snack-packed" and is packaged in a half-ready display unit.

For more information:

Heinz Co Ltd
Tel: 020 8573 7757.

Eye-catching bus ads

Mentholatum is promoting the Rohto eyecare range with city-based advertising this winter.

Moisturising Rohto Zi and brightening Rohto V will appear on nearly 250 buses in London and Birmingham, and on 630 phone box panels in London, Birmingham and Manchester during December.

The campaign will accompany current instore promotions.

For more information:

Mentholatum Co Ltd
Tel: 01355 848484.

Wake up call from Pro Plus

Roche Consumer Health is promoting Pro Plus in November with a poster and radio campaign.

London Underground card panels feature the strapline "Enjoy last night? Keep going with Pro Plus." A national radio campaign of

30-second commercials features ways to stay awake.

The campaign started on Monday and will run for four weeks.

For more information:

Roche Consumer Health
Tel: 01707 366000.



Xmas pud from Barkat

Gluten Free Foods has launched a new Barkat Christmas pudding.

It is free from gluten, wheat, dairy products and soya, and is suitable for coeliac sufferers, vegetarians and people

with food intolerances.

Price: RSP £7.99

Pack size: 454g

Pip code: 298-6438

Gluten Free Foods Ltd

Tel: 020 8953 4444.

Cough, cold & flu FORECAST

Brought to you by Benlyn®

Incidence levels for the week commencing

Nov 8

Benlyn® KEY FACTS

- The whole of the UK has been put on Pre-Alert status
- There are over 6 million people suffering from a respiratory illness in the UK this week
- A cough is the most prevalent symptom, being reported by 71% of sufferers

Be prepared this winter – keep up to date with cough, cold and flu levels in your region. Visit www.coughandcoldadvice.com for more information.

Information updated weekly by Surveillance Data



Magic Tree branches out

The Miles Group is making Magic Tree air fresheners available to pharmacies for the first time.

Vanillaroma, Forest Fresh, Bouquet, New Car Scent and Spice are the five fragrances featured in an assorted pack of 24 air fresheners. The company claims

the product is as effective at dealing with household odours as it is at keeping cars smelling fresh.

Price: RSP £1.49 each

Pip code: assorted fragrance 24 pack 008-8831

The Miles Group
Tel: 01484 536344.

THE PERFECT FORMULA



= Hey baby! Looking good!

Take some HealthAid Bodylean™ CLA Plus, factor in a healthy diet, mix with some regular exercise. And what have you got? The perfect formula for looking good! Bodylean™ CLA Plus contains the optimum balance of Conjugated Linoleic Acid and a synergistic combination of CoQ10 and L-Carnitine. Think of it as your body's helping hand.



HealthAid
VITAMINS
AND SUPPLEMENTS

Available at selected pharmacies

To find out more about the complete HealthAid range visit www.HealthAid.co.uk or call Pharmagloss Ltd on 020 8426 3400

Shiny happy nails

Alida has added a Nail Buffing Kit to its range of mini manicure kits.

The kit contains 3pHase nail oil, a three-way buffer and a nail white pencil, and comes in a drawstring bag. Alida claims the panthenol, chamomile and grape seed oil in the nail oil strengthens and nourishes nails and cuticles.

The nail buffer is designed to stimulate circulation around the nail and encourage growth as well as adding shine.

Price: RSP £5.00

Pip code: 300-7879

Alida Beauty Products Ltd

E-mail: sales@alida.co.uk

Tel: 01256 320111.



TVnext week

Aquafresh: All areas except U, CTV, GMTV

Askit Powders: STV, C4, C5

Carefree Perfect Fit: All areas

Clean & Clear: All areas

Clearblue Digital Pregnancy Test: All areas except U, CTV, GMTV

Eumovate: Sat

Horlicks: B, G, Y, TT, C4

Johnson's Baby Softwash Cloths: All areas

Johnson's Baby Softwash Liquid: All areas

Lemsip Max Sinus capsules: All areas except GTV, B, A, CTV, W, M, TT

Lloydspharmacy's Diabetes Testing Service: GTV, STV, B

Lucozade Sport: All areas except U, CTV, C4, C5, GMTV

Neutrogena Norwegian Formula face cream: All areas

Nivea for Men Revitalising Q10: All areas

Nivea Visage Age Reversal cream: All areas

Oilatum Scalp Treatment: Sat

Olbas for children: GMTV

Olbas range: C5, GMTV, Sat

Panadol ActiFast: U

Ribena: All areas except U, CTV, GMTV

RoC Protient Life: All Areas

Sensodyne Total Care Extra Fresh: U

Seven Seas Neutra Taste: C5, GMTV, Sat

Seven Seas Pure Cod Liver Oil: C4, C5, GMTV, Sat

Solpadeine: U

Tena lady & Tena pants Discreet: All areas except U, GMTV

PharmaSite for next week: Benlylin & Sudafed – window, Benlylin Sudafed – in-store, Radian B Red Oil – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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VAST.

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POWERFUL.

Pharmacist recommendation has built our reputation because nothing works faster than Otrivine and it lasts for up to 10 hours.

MASSIVE.

The effect of Otrivine's great new 'Elephant' Poster and Radio campaign will have sufferers herding into your pharmacy.

No-one knows noses like

Otrivine®



Xylometazoline Hydrochloride

Powerful relief fast – lasts up to 10 hours

Indications: Nasal sprays and drops, containing Xylometazoline Hydrochloride 0.1% w/v (Sprays and Adult Drops) or 0.05% (Otrivine Child Nasal Drops). **Indications:** Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hay fever), sinusitis. **Contra-indications:** Sensitivity to ingredients. Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions:** Do not exceed the recommended dose or use for more than 7 consecutive days. Use with caution in patients with a strong reaction to sympathomimetic agents, or with heart or circulatory disease. Advisable not to use in pregnancy. Each pack should be used by one person only to prevent cross-infection. Do not use the bottle for more than 28 days after opening. **Side effects:** Occasional burning in nose and throat, local irritation or dryness of nasal mucosa, nausea, headache. Systemic cardiovascular effects have been reported. Occasional restlessness in small children using Child Nasal Drops. **Legal Category:** GSL. **Product Code:** 3.75; Otrivine Adult Nasal Drops: PL 0030/0115 10ml £1.69, £2.65; Otrivine Child Nasal Drops: PL 0030/0114 £1.59, £2.49. **PL Holder:** Novartis Consumer Health, Wimblesbury Road, Horsham, West Sussex RH12 5AB. **Date of Preparation:** August 2002.

The next few weeks will see the launch of omeprazole as a P medicine for the relief of heartburn symptoms associated with acid reflux in adults. This will be the first proton pump inhibitor (PPI) to become available as an OTC medicine in the UK. Omeprazole's record of efficacy and tolerability as a prescription medicine, taken by millions of patients worldwide, made it a strong candidate for switching to an OTC medicine for appropriate indications that could be managed in a community pharmacy setting.

Omeprazole has been deregulated in Sweden since April 2000 for a similar indication, without apparent problems, and has been recently launched as an OTC brand in the USA for preventing symptoms in those who suffer heartburn two or more days a week. In the UK omeprazole may now be considered alongside other OTC medicines as a first line therapy for heartburn sufferers with intermittent or relapsing symptoms.

The drug will not provide the near instant relief of symptoms that some simple antacids can. It can, however, be ideal for sufferers who wish to take control of their symptoms rather than merely respond to them. Considering omeprazole as a first line OTC heartburn treatment may seem counter to some existing GP prescribing guidelines. But these look at cost considerations to the NHS that are not necessarily as relevant to OTC products.

Heartburn

Pharmacists should feel relatively comfortable when responding to symptoms, given their experience with counter prescribing H_2 antagonists. Heartburn is a transient retrosternal discomfort usually described as a burning or acidic sensation. The pain of heartburn may be sharp or gripping and can radiate to the throat and back.

In clear cases of heartburn the patient will report that the pain is associated with acid regurgitation (reflux) and is made worse by eating large meals, bending over or lying flat (especially in bed at night).

Patients may also report that hot, alcoholic or acidic drinks (such as orange juice) cause discomfort. Patients can be counselled on lifestyle modifications that will reduce the problem of reflux-related heartburn. These include: weight reduction, propping up the bed head and avoiding provoking factors (such as bending down, coffee, smoking, fatty foods and alcohol).

Dosing

Packs of 10mg omeprazole tablets will be launched with a recommendation that 20mg (that is, two tablets) once daily is the initial starting dose. Subsequently, symptomatic relief from heartburn can be achieved in some subjects by taking 10mg once daily, increasing to 20mg if symptoms return. The lowest effective dose should always be used and the maximum daily dose is two tablets.

If no relief is obtained in two weeks the patient should be referred to a doctor.

Advice to patients

Omeprazole works by suppressing gastric acid secretion in the stomach. It inhibits the final stage of gastric hydrochloric acid production



Calling time on heartburn

Omeprazole is about to switch from POM to P. Dr John Blenkinsopp covers what pharmacists need to consider when counter prescribing

by blocking the hydrogen-potassium ATPase enzyme in the parietal cells of the stomach wall (also known as the proton pump). PPIs, including omeprazole, are generally accepted as being among the most effective medicines for the relief of heartburn, providing 24-hour acid control with a single daily dosing regimen.

Patients taking omeprazole should be advised not to take H_2 antagonists at the same time. The tablets should be swallowed whole with plenty of liquid prior to a meal. It is important not to chew or crush the tablets. Alcohol and food do not affect the absorption of omeprazole.

Patients should be advised that they may start to experience symptomatic relief after a day or so of starting treatment and that this will increase to a maximum effect after three or four days. Consequently, it may be necessary for patients requiring rapid relief of heartburn to take an additional simple antacid at the start of treatment with omeprazole.



Roche Consumer Health will be investing again in television advertising for Rennie over Christmas, which the company says has led to "double digit sales growth" for the brand over this period for the past two years. Another policy is to increase sales growth through innovation, with the launch of new variants appealing to the modern consumer – a travel friendly format of original Rennie, the multi-pocket pack, and the sugar-free version



Gavilast (ranitidine 75mg) will be supported by a £3.6 million multimedia campaign running through the peak Christmas season. A radio campaign this month and next will support the television commercial that started mid-October

Caution

As for other OTC reflux treatments, patients should be referred to their doctor if they have to take an indigestion or heartburn remedy continuously for four or more weeks. Those over 45 with new or recently changed symptoms should also be advised to see their doctor, as should any patient with any of the following: unintentional weight loss, anaemia, GI bleeding, dysphagia, pain on swallowing, persistent vomiting, vomiting with blood, epigastric mass, previous gastric ulcer or surgery, jaundice or any other significant medical condition (including hepatic and renal impairment).

Omeprazole should not be taken during pregnancy or while breastfeeding. Drowsiness has rarely been reported. Treatment with OTC omeprazole may cause a false negative result in the "breath test" for *Helicobacter pylori*. Its drug interaction profile is identical to that of the Prescription Only Medicine and the BNF describes these in detail.

Treatment with acid-reducing medicines may lead to a slightly increased risk of gastrointestinal infections, such as *Salmonella* and *Campylobacter*.

The move of omeprazole from POM to P is a logical step in the treatment of reflux-like symptoms such as heartburn in the pharmacy.

John Blenkinsopp, MB, ChB, BPharm, MRPharmS, is principal research fellow, School of Pharmacy, University of Bradford.

See this week's Update, p21 on indigestion.

Festive indigestion



Millions of people are about to abuse their bodies more than they do at any other time of year. Adrienne de Mont looks at remedies

Over-indulgence and, for many, the stress of keeping everyone else happy means that sales of indigestion remedies can soar by about 50 per cent over Christmas and the New Year. And fast foods, higher stress levels, eating on the go and grazing are bringing younger consumers into the market year-round.

GlaxoSmithKline, whose product portfolio covers all heartburn and indigestion sectors, says these categories have high sales and

frequent purchases; a fifth of sufferers are frequent or heavy users and account for 80 per cent of the sales value.

It is estimated that around three quarters of adults suffer from indigestion, either regularly or from time to time, but almost half don't take anything for it – particularly younger people. Seven million people suffer from trapped wind but again, only 48 per cent treat it, and GSK suggests there is a need for education about antifatulence as distinct from heartburn and indigestion. H₂ antagonists are driving growth in heartburn and indigestion remedies, and there is a continuing trend towards self-medication.

But while the grocery multiples' share is growing, pharmacies including Boots still account for two thirds of sales. Information Resources says the total gastrointestinal market, including travel sickness remedies, was worth £215.69 million in the year to September 7, an increase of 4.4 per cent over the previous year. Indigestion remedies account for nearly half (£102.9m) and are growing at nearly 3 per cent.

Pharmacy (including Boots) sales declined by 0.4 per cent to £139.37m, while grocers and drugstores increased their sales by 14.6 per cent to £76.32m. Information Resources says

Festive opportunities

To make the most of a key sales period, Roche Consumer Health offers the following merchandising tips:

- **Make it visible.** Indigestion remedies should occupy a prominent location to maximise on the potential increase in sales.
- **Maximise impulse purchases.** Dual siting of beacon brands (for example, on counter display as well as on the indigestion remedies fixture) over the two to three week Christmas period will encourage impulse buying.
- **Site digestive care in one area.** Ensure all sub-categories are represented, for example mild indigestion, trapped wind, upset stomach, heartburn.
- **Block the fixture clearly.** Merchandise by sub-category, using signage where possible and placing beacon brands as pointers to the different digestive care segments. Putting brand leaders at eye level helps consumers navigate the fixture.
- **Avoid overcrowding.** Rationalise the range based on rate of sale and remove brands that aren't performing. A simplified range will give the fixture greater impact and clarity and make it easier for consumers to shop.
- **Stock up.** Don't miss out on the potential sales increase by under-estimating.

Continued on page 32 ►

this trend is a result of increased activity in GSL indigestion remedies. Grocery outlets also saw marked increases in their sales of laxatives and antidiarrhoeals (27 and 23 per cent respectively) but these outlets still take only 17 and 22 per cent value share of these sectors. P medicines in the in-store pharmacies in grocery multiples are performing better than those in other pharmacy outlets, says IR.

Reckitt Benckiser, whose range now caters for all heartburn and indigestion sufferers with Gavilast (ranitidine), says that larger packs and more effective remedies for serious sufferers are particular opportunity areas for pharmacies.



GlaxoSmithKline is planning dedicated advertising support in December for Zantac 75 Dissolve, which also benefits from national television advertising for the Zantac brand as a whole. For Wind-Eze there is an emphasis on education to create a better understanding of trapped wind problems

The Gaviscon range had a total spend of £8.25 million in 2003 – a 58 per cent increase on last year



Pepto-Bismol's advertising, which won an award for best UK healthcare campaign last year, featured four people showing signs of indigestion, nausea, diarrhoea and an upset stomach. Now that the product is licensed to treat heartburn, the campaign is being extended to include a fifth person so that all five symptoms are visually represented. This year's media spend will total £1 million

FACT

IMMEDIATE HEARTBURN RELIEF THAT LASTS ALL DAY.

Peppid 1150
Chewable tablets

Fast and long-lasting relief

Relief to heartburn within 2 minutes

Balance acid for 12 hours

12 tablets

Contains: famotidine, magnesium hydroxide and calcium carbonate.

- Goes to work within 2 minutes.
- Keeps on working – up to 12 hours.
- Only one chewable tablet when needed.
- Only 32p for all day relief¹.

Promotional offers and transfer orders online @ CoMedis.com

THE SMART ONE

¹Further information is available from Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loddwater, High Wycombe, HP10 9UF. Peppid is indicated for the short-term symptomatic relief of heartburn, indigestion, acid indigestion and hyperacidity. Legal Status: GSL.

¹ One tablet assumed as average daily dose.

Peppid two 12 tablet pack size RRP £3.85 listed. Price correct as at August 2003.

Top brands in pharmacies

● Stomach upset remedies

1. Pepto-bismol
2. Alka-seltzer
3. Andrews
4. Resolve
5. Motilium

Total value of sector £10.76 m (+0.9 per cent)

● Indigestion remedies

1. Gaviscon
2. Rennie
3. Zantac 75
4. Bisodol
5. Peppid total

Value £56.98m (+4.4 per cent)

● Laxatives

1. Senokot
2. Dulcolax
3. Fybogel
4. Ex-lax
5. Califig

Value £34.34m (+5.2 per cent)

● Anti-diarrhoeals

1. Imodium
2. Dioralyte
3. Imodium Plus
4. Imodium Instants
5. Diocalm

Value £27.42m (+0.6 per cent)

● Irritable bowel syndrome

1. Colpermin
2. Colofac
3. Colofac 100
4. Equilon Herbal
5. Mintec

Value £3.72m (+3.7 per cent)

Source: Information Resources, 52 weeks to September 7. Includes Boots and Superdrug. Statistics come from a syndicated source but may not tally with other databases.

ONE IN FIVE SUFFER – DON'T MISS OUT ON A GROWING MARKET

Constipation. Just the sound of the word is enough to cause embarrassment as it remains one of those health taboos that people do not like talking about – let alone ask advice for.

But with one in five of the population – that's nine million adults – suffering at any one time, it is a market category that offers pharmacists great profit potential.

With the laxative market currently worth £42.9 million and growing at a substantial rate of 8.9%, the category is one of the strongest performers in pharmacy which accounts for 83% of total sales.

And the future is particularly positive as pharmacists look to a busy and profitable Christmas period – a time traditionally when laxative sales see a seasonal boost with the nation turning to a level of eating and drinking over-indulgence.

Take the embarrassment out of purchase

Recognising that many customers feel embarrassed asking for advice, here are four top tips to help the customer feel more comfortable and at ease:

1. Effective self-selection positioning of laxative products can significantly help overcome the embarrassment factor.
2. Identify if the customer wants to discuss the problem; if so offer the reassurance of knowledge and advice.
3. Uncover key facts by gentle questioning:
 - What exactly is the problem?
 - How long has the person been suffering?
 - Are there any obvious causes such as poor diet, lack of exercise and medicine therapy?
 - Have other measures, such as OTC treatments, been tried?
4. Be aware that some groups are more susceptible to the condition than others – ie the elderly.

Common causes of constipation

- Ignoring the urge to go to the toilet
- Low fibre diet
- A change in eating habits
- Lack of exercise
- Insufficient fluid intake
- Medication such as codeine, iron supplements and some antidepressants



Ex-Lax: The gentle solution

Every sufferer wants an effective, quick solution to their discomfort. Ex-Lax Senna provides a natural, gentle and palatable answer.

A trusted brand with almost 100 years heritage, it has been brought right up to date with the introduction of Ex-Lax Senna Pills last Autumn.

Available in two formats, Ex-Lax provides gentle and effective relief in convenient formats to suit sufferers' differing needs.

Derived from the senna pod, senna is seen by consumers as the most effective stimulant laxative due to its natural properties.

Ex-Lax Senna Chocolate

- Only chocolate tablet laxative on the market
- Masks the taste and odour associated with some pills
- Available in 12s, 24s and 48s

Ex-Lax Senna Pills

- Only sugar coated senna pill on the market
- Smallest senna pill available making it discrete and easy-to-take
- Modern format with natural action

EX-LAX® SENNA CHOCOLATE AND PILLS

Presentation: Chocolate tablets containing 25 mg Sennosides 60% USP (equivalent to 15 mg sennosides) and coated tablets containing 20 mg Sennosides 60% (equivalent to 12 mg sennosides) Indications. For the relief of occasional constipation. **Dosage and administration:** Chocolate tablets Adults and children over 12 years 1 tablet, Children 6 - 12 years 1/2 a tablet. Not recommended for children under 6 years. The tablets are ideally taken at bedtime. Pills. Adults and children over 12 years 1 tablet. A second dose may be taken during the day if required. Do not exceed two doses in any 24 hours. Not recommended for children under 12. **Contraindications:** Intestinal obstruction, bleeding or persistent abdominal symptoms, ileostomy or colostomy. **Precautions:** Prolonged use is not recommended. Should not be used for more than 7 days without medical advice. Medical attention should be sought if there is persistent abdominal pain, a laxative is needed every day, or there is no bowel movement after 3 days' use. Adequate fluid intake should be maintained. Caution shortly after bowel surgery. **Side Effects:** Temporary mild griping may occur. **Legal category:** GSL. **PL number and recommended Retail price:** Ex-Lax Chocolate PL 0030/0131 12's £ 1.99, 24's £ 2.99, 48's £ 4.85 Ex-Lax Senna Pills PL 0030/0148, 20's £ 2.29. **Product Licence Holder:** Novartis Consumer Health, Horsham, RH12 5AB. **Date of preparation:** Sept 03

Stimulant laxatives, growing at 12.7 per cent, are driving the market and account for nearly three quarters of laxative sales. Pharmacies account for 83 per cent of sales but shares are declining in favour of grocery outlets.

Novartis Consumer Health says that sales are fairly even throughout the year but there are slight peaks in the summer holidays and at Christmas. The desire for new, improved formats is driving some of the growth.

Constipation is one of the last taboos, so laxatives should be on display for self-selection rather than in a drawer.

"Pharmacists are in an ideal position to offer advice to customers – should they ask for it – in terms of managing constipation," says Ex-Lax brand manager Craig Shaw. "Helpful advice over diet and exercise could help remedy the problem and ensure laxatives are not needed in the future."

Tackle shyness head on

When it comes to constipation or piles most of us don't like talking about it. But laxatives are one of the fastest growing OTC medicine categories.

Adrienne de Mont
braves the subject

Mandy Talbott, Cedar Health's brand manager for Ortisan fruit cubes, says OTC laxatives have been one of the most successful sectors of the GI market, with sales increasing by 43 per cent in the past five years. Growth has been helped by manufacturers' emphasis on "natural" remedies and promotion to the key target of older people.

"I believe this trend will continue into the next five years, especially with the range of pharmaceutical and natural products becoming more diversified," she says.

● Boehringer Ingelheim has introduced a leaflet, *Decoding Constipation*, which is being distributed via GP waiting rooms and practice nurses. Pharmacists can obtain free copies on 01344 741493. Recent research found that a third of people are not happy to talk about constipation, despite it affecting one in seven people; 60 per cent of people don't even recognise the symptoms. The website www.dulcolax.co.uk gives sufferers access to information in the privacy of their own home.

● Nervous tension diarrhoea affects around 15 million people but is often not recognised as a medical problem, says Johnson & Johnson MSD. A booklet supporting Imodium, *Your Guide to Understanding and Treating Diarrhoea*, includes a section on nervous tension diarrhoea.

More help for embarrassment

One in three adults in the UK suffers from haemorrhoids at some time in their life. To give sufferers confidential access to information, Pfizer Consumer Healthcare has established the Piles Advisory Bureau on www.pilesadvice.co.uk, helpline 020 7617 0818, or PO Box 2659, London W1A 3RY.

Publications supporting Anusol include *The DIY Men's Health Manual - a Guide to Embarrassing Problems and Pregnancy - the Embarrassment Factor*, both available from the Piles Advisory Bureau or from the company on 02380 628274. A survey of pregnant women revealed that 41 per cent had experienced piles and one in 10 kept the fact secret from their partner.

Matthew Rich, Anusol product manager, says: "Investment in above the line advertising in so-called embarrassing categories such as haemorrhoids has a significant impact on consumer awareness and can reap substantial benefits for category growth as a whole."

Many people are still reluctant to seek treatment, so education is key to destigmatising the condition and encouraging consumers to treat appropriately through the pharmacy, he says. ☺

One in three adults in the UK suffers from haemorrhoids at some time in their life



Novartis Consumer Health is supporting Ex-lax with print media advertising during the Christmas and winter season



For an advice leaflet on herbal remedies for digestive disorders can be ordered from Herbal Concepts on 01525 292345 (www.herbal-concepts.co.uk)



Cedar Health is continuing its sampling campaign for Orisan Fruit Cubes until the end of the year. Advertisements are running in the *Daily Mail*, *Daily Express* and *Daily Telegraph*, as well as “grey press” titles such as *Readers Digest*, *Yours* magazine, *Woman’s Weekly*, *People’s Friend* and *My Weekly*

A new survey has shown that most piles sufferers (83 per cent) treat their symptoms, although men are less likely to treat than women (TNS September 2003). Advertising for Germoloids aims to attract new users. Bayer Consumer Care says that the OTC haemorrhoids treatment sector is growing at almost 8 per cent



Sick or queasy stomach?



Further information is available from Johnson and Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9JL. Motilium 10 contains domperidone maleate equivalent to 10mg domperidone base. Motilium 10 is indicated for the relief of post prandial symptoms of fullness, nausea, gastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. Legal category: P.

What does your future hold?

Anne Hutchings

looks at the importance of planning for the future



Example 1.1

Financial goals _____ Time scale _____ Date _____

✓ **The goal:** what you want to achieve

✓ **Why you want it**

✓ **What you need to do to achieve it**

What are your plans for the future? Whatever they are, to implement them effectively will require proper financial management. You can split your financial goals into a number of headings, for example:

- **Short term** – the next 12 months
- **Medium term** – the next five years
- **Longer term** – 10 to 20 years' time
- **Retirement.**

The first step is to consider what you want to achieve in the future and record it. You should not isolate your financial goals from your other life ambitions. I recommend a simple format for recording your goals. I will concentrate on financial and business goals but use the same format for all (*see example 1.1*).

Taking a simple example (*1.2*), Eric has just got married and is planning his future. In the short term he wants to buy a house, in the medium term he wants to acquire a pharmacy and long term he wants to accumulate enough money to retire in comfort. This is just a brief example; when you prepare your summary I suggest you include as much detail as possible.

Tip – the quickest way to achieving goals is to take at least one positive action a day.

Financial planning is crucial. The alternative of ploughing through

life haphazardly is not very palatable and likely to leave you short.

Eric is currently a locum but his medium term ambition is to acquire a pharmacy (*example 1.3*). If he is to achieve his goals they must be realistic. Therefore when he was planning his new lifestyle, ie a new house and purchase of a pharmacy, he reviewed his financial situation. These are the main areas:

- current earnings as a locum and how these will fair in the near future
- whether he has sufficient savings for future tax bills and when these will be payable
- current outgoings and how they will

Example 1.2

Financial goals _____ Time scale: 12 months _____ Current date: 1 November 2003

✓ **The goal:** to buy a house in Brighton within walking distance of the sea. It must have three bedrooms, large kitchen, small garden. Maximum price £250,000.

✓ **Why you want it:** I want the house so that I can settle down with my wife and we will have sufficient room to start a family. We want to live in Brighton because we have friends and family there.

✓ **What you need to do to achieve it:**

- contact a mortgage broker to ensure that I can raise the mortgage.
- contact all the Brighton estate agents, providing them with my requirements.
- search for my ideal property on the internet.
- make a shortlist of suitable properties and arrange viewings for the following weekend.
- once we have found a property and had an offer accepted we should review our insurance cover to make sure that the mortgage payments will be adequately covered if either of us was sick or were to die etc.

Example 1.3

Financial goals Time scale: 5 years Current date: 1 November 2003

✓ **The goal:** to buy a pharmacy with a turnover of £500,000 and potential for development. Maximum price £300,000. The pharmacy must be within a 20-mile radius of Brighton.

✓ **Why you want it:** I want to own a pharmacy because I believe I can achieve a higher level of income than I would as a locum and therefore provide a better standard of living for my wife and future children. I also have a desire to build a successful chain of pharmacies in the Brighton area.

✓ **What you need to do to achieve it:** I need to save towards the cost of the pharmacy so that I can contribute 20 per cent to the cost and borrow the remainder. My current savings are £20,000, I will save at a rate of £10,000 per annum. I will start looking for a suitable pharmacy in three years' time, by which time I will have savings of £50,000

A year later Eric has achieved two of his goals

change with the house purchase
the financial circumstances of his wife and how much she can contribute towards their expenses.

Sue earns £25,000 pa. After tax and personal expenses she is confident she can contribute £10,000 pa towards the mortgage and household bills.

A year later Eric has achieved two of his financial goals: the house purchase and £10,000

way forward to secure long-term financial security.

● He decides to do locum work to make up some of the lost income and to bring forward the date of buying his first pharmacy.

● He revises his goal.

Eric has now moved the goal posts: he is looking for a larger pharmacy but with a partner.

He may or may not succeed in his goal but by writing it down,

Example 1.4

Financial goals Time scale: 1 year Current date: 1 November 2004

✓ **The goal:** to buy a pharmacy with a turnover of £700,000 and potential for development. Maximum price £450,000. The pharmacy must be within a 20-mile radius of Brighton.

✓ **Why you want it:** I want to own a pharmacy because I believe I can achieve a higher level of income than I would as a locum and therefore provide a better standard of living for my wife and future children. I also have a desire to build a successful chain of pharmacies in the Brighton area.

✓ **What you need to do to achieve it:** as my current savings are only £30,000, I will need to find a source of capital in addition to bank borrowings. I need an outside investor such as family or a business partner to provide funds for this venture. I will draw up a five-year business plan of how the first pharmacy will be expanded into a total of three pharmacies in the next five years. I will present the plan to potential investors with a view to securing the additional finance for my first pharmacy. I will start my search for a suitable pharmacy.

savings towards the pharmacy. However, Sue is now about to give birth and they have decided she should give up work for the next two years to be with the baby and thereafter just work part time.

Eric now reviews their outgoings to reflect the loss of Sue's earnings. He needs to prepare for child-rearing costs.

● They work out a revised budget for household and baby costs.

● Eric reviews his plan to buy a pharmacy and decides this is the

focusing on it and persevering he is far more likely to succeed than someone who had no plans or written goal.

The same principle applies to longer term goals. Write them down, review them frequently and be prepared to amend them to fit your changing circumstances. ☺

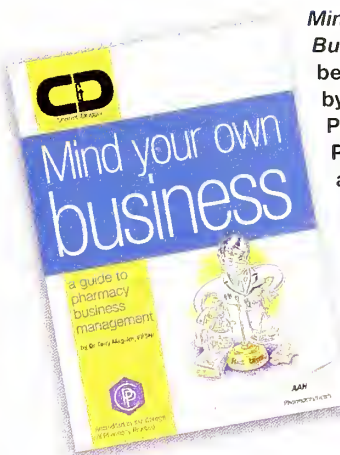
Anne Hutchings is a specialist accountant and tax consultant for retail pharmacists. Tel: 01494 722224. www.pharmacyexperts.com

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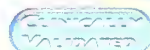
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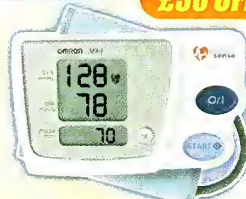
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5HWBSR	H.W.B SINGLE RIBBED - COZYTIME	EACH	1.83	10%	1.65*				
5HWBDR	H.W.B DOUBLE RIBBED - COZYTIME	EACH	1.85	10%	1.67*				
5HWBFUR	H.W.B FUR COVER KUMFIWARM	EACH	3.57	10%	3.21*				
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Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – phamlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

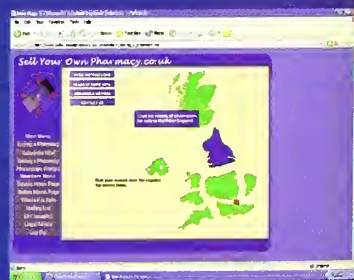
All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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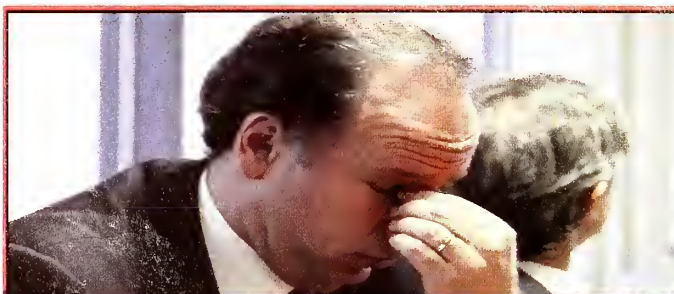
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ADDING VALUE

Mawdsleys has promoted **Phil Jones** to key accounts manager for the whole of the UK. Mr Jones joined Mawdsleys in 2000 as business development manager for Merseyside and North Cheshire. In his new role he will be responsible for pharmacy groups, and to promote the company to new clients.

Generics [UK] has appointed **Luke Hart** as sales marketing director and **Paul French** as head of sales UK responsible for wholesale.



Phil Jones

RSA Consulting's RSA Search & Selection has appointed **Sharon Shields** and **Claire Bradbury** to their research team. Ms Shields joins from MSD Neuroscience, while Ms Bradbury is new to the sector.

RSA Pharmacerecruit has appointed **Malcolm**



Owain Kerton, Elizabeth Price and Gareth Preece

Brookman and **Angie Farrell** as consultants. Mr Brookman previously worked at Accumen where he recruited technical staff for pharmaceutical, biotech and healthcare clients, while Ms Farrell joins from SRG LabStaff.

Penn Pharmaceuticals is

expanding its analytical development department team with three new members staff. **Owain**

Kerton has recently completed PhD at Cardiff University. **Elizabeth Price** joins from the process and plant development group at Rhodia Speciality Consumer Chemicals. **Gareth Preece**, a biomedical sciences graduate, joins from the Welsh Blood Service.

Night and Day (Lewis)

Kirit Patel was the host with the most last month as he held his annual bash for staff and friends of pharmacy multiple, Day Lewis.

The annual dinner recognises the contributions made to the company over the past year with prize-giving completed before the dancing begins. Among the awards

presented this year were the following:

Manager of the year was Anne Hoult of Day Lewis Brockenhurst, Hants, staff of the year was Susan Cavie of Day Lewis Southborough, Kent, and branch of the year went to Day Lewis Twyford, Berks.



Pictured left are UniChem's sales and marketing director Martyn Ward presenting the branch of the year award to Beena Patel-Parker and Jackie Warwick. Shown right, RPSGB secretary and registrar Ann Lewis presents the manager of the year award to Anne Hoult



(Above) AAH Pharmaceuticals md Steve Dunn presents the staff of the year award to Susan Cavie



Say aaaah, please

The British are a nation of collectors and hoarders. From hobbies involving stamps and train numbers to the everyday behaviour of millions of never throwing away rubber bands or plastic carrier bags, collecting is part of the nation's psyche.

Therefore, it's good news that a new national depository will finally get going next month. But the National Tonsil Archive sounds like a rather fusty sort of place, and it will be used to track the incidence of variant CJD with leftover tissue from tonsillectomies stored for medical research.

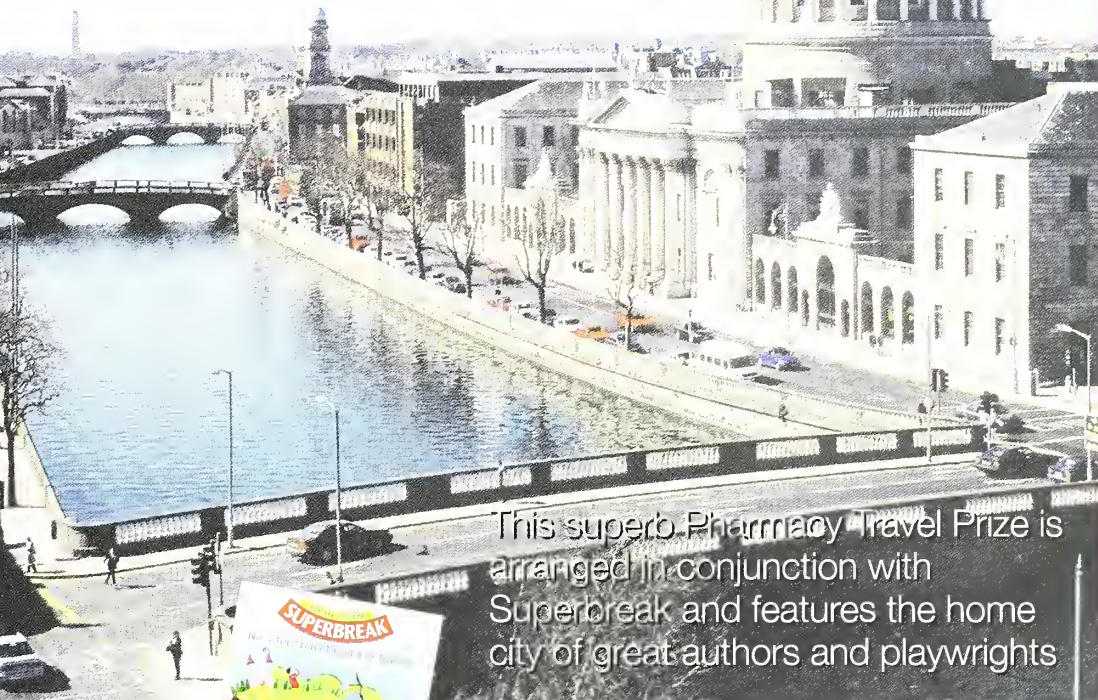
If our trans-Atlantic cousins were to set it up, though, it could be one of those American Halls of Fame they seem so fond of. There would be a tourist trap 23 miles off a Mid-West freeway in the middle of nowhere where extraordinary tales are told of heroic feats by super tonsils. Mumps and quinsy would be celebrated, while the exploits of teenagers versed in the art of tonsil tennis (or tonsil hockey as it's known over there) could be scored on 'dose of antibiotic needed to clear up the infection'. Who knows, there could even be a wing dedicated to uvulas.

As it is, the term Archive suggests it would be better to use it for tonsil jokes that should have been put down a long time ago, to wit: What did one inflamed tonsil say to the other? "Get dressed, the doctor's taking us out tonight."

Robert Parker, Weldricks' pharmacy warehouse manager, is pictured handing a cheque for £1,000 to four year old Ellie Harper and her mum Lesley Whitfield. Rob decided to raise the money by participating in this year's London Marathon when he heard about Ellie from colleague Lesley, who works at Weldricks' branch support centre. Ellie was diagnosed with quadriplegic cerebral palsy when she was 15 months old, and will never walk unaided. The money will go towards a through-floor lift, which will make it easier for Ellie to get around at home. In spite of gruelling heat, Rob's time of four hours 59 seconds improved on his previous two attempts, and he plans to run the 26 miles again next year to raise money for another worthy cause



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inspiration from this delightful place.

Dubliners are great hosts, on the streets, in traditional Irish pubs and of course at Shaw's famous Abbey Theatre. As you explore, you will be rewarded with memorable sights including Trinity College, Dublin Castle, Christ Church Cathedral and the Guinness Storehouse – not to mention the many

museums and galleries.

The prize is for a couple sharing a twin or double room and it can be taken any time between 15 January and 31 March 2004 (subject to availability). It includes return flights from Stansted, Luton, Liverpool, Manchester or Bristol, two nights accommodation at one of Superbreak's selected hotels in central Dublin, breakfast and hotel tax/service charges.

1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *Chemist & Druggist* or *Community Pharmacy*. **2** Competitors may enter through *C&D* or *Community Pharmacy*, but may only win one entry. Double entry will disqualify both entries. **3** Entries must be on an original coupon from *C&D* or *Community Pharmacy*, and to be eligible for prize entrants must correctly answer the question on the coupon. **4** The prize offered will be as stated. No cash prizes or cash prizes will be offered. Names of winners will be published in *C&D* and *Community Pharmacy*. **5** In any dispute, the decision of the Pharmacy Information Group's publishing director will be final and no correspondence will be entered into. **6** Employees of CMP Information Ltd, Travel Clubs International and trading divisions and immediate families are forbidden to enter. **7** No prize is necessary to participate. **8** The closing date for this month's competition is as printed on the coupon.

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*Source: IMS June